

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0020234 | | |
| Date Assigned: | 11/08/2013 | Date of Injury: | 07/05/2005 |
| Decision Date: | 05/20/2014 | UR Denial Date: | 08/22/2013 |
| Priority: | Standard | Application Received: | 09/05/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant, a 51-year-old, sustained an injury to his left shoulder during a July 5, 2005, work related injury. The clinical records available for review reference a course of conservative care and recommend a left shoulder subacromial decompression and Mumford procedure; the recommended surgical intervention was certified upon utilization review. This request is for the use of an assistant surgeon perioperatively, the postoperative use of a pain pump, and the postoperative use of a cryotherapy device.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition: Assistant Surgeon Guidelines.

Decision rationale: California MTUS and ACOEM Guidelines do not address the use of assistant surgeons. According to Milliman Guidelines, the role of an assistant surgeon for an

arthroscopic subacromial decompression would not be supported as medically necessary. The request for an assistant surgeon is not medically necessary or appropriate.

PAIN PUMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Chapter, Postoperative Pain Pump.

Decision rationale: California MTUS guidelines do not address the use of pain pumps following shoulder procedures. Official Disability Guidelines do not support the use of pain pumps in the postoperative period following shoulder surgery. The request for a pain pump is not medically necessary or appropriate.

COLD THERAPY UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

Decision rationale: According to Shoulder Complaints Chapter of the ACOEM Practice Guidelines, the need for a purchased cryotherapy device following shoulder surgery would not be supported. While the ACOEM Guideline criteria recommend the local application of cold in the first few days postoperatively, a cryotherapy device would not be supported as a delivery mechanism for cold therapy. The request for a cold therapy unit is not medically necessary or appropriate.