

Case Number:	CM13-0022244		
Date Assigned:	11/13/2013	Date of Injury:	03/22/2012
Decision Date:	01/17/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Nebraska and Texas. 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 physician 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 patient is a 55 year old male who reported an injury on March 22, 2012. The mechanism of injury was not provided. He was diagnosed with a lumbar sprain/strain, right shoulder dislocation, cervical radiculopathy, and a knee contusion. He underwent an arthroscopic right subacromial decompression and repair of a labral tear on August 02, 2013 with no inpatient hospitalization. It is unclear if the patient received physical therapy after this procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Programmable Pain Pump: 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 Official Disability Guidelines (ODG) Shoulder, Pain Pumps.

Decision rationale: The California MTUS and ACOEM guidelines did not address the use of post-operative pain pumps for the shoulder; therefore the Official Disability Guidelines were supplemented. The ODG does not recommend the use of pain pumps as there is no evidence to

support greater efficacy than conventional methods. Therefore, the request for pain pump, programmable is non-certified.

Qtech Recovery System with wrap: 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 the Official Disability Guidelines (ODG), Shoulder, Continuous-flow Cryoplasty.

Decision rationale: The California MTUS/ACOEM recommends at-home applications of cold during the first few days of acute complaint. There was no reference to continuous cryotherapy devices, so the ODG were supplemented. The ODG recommends continuous flow cryotherapy for up to 7 days post-operatively, but not for non-surgical treatment. There is no documentation as of this date to why a continuous flow device would be indicated. There was no mention of its request on the clinical note dated August 14, 2013. Therefore, the request for Qtech Recovery System with wrap is non-certified.