

Case Number:	CM13-0022785		
Date Assigned:	11/13/2013	Date of Injury:	06/02/2011
Decision Date:	01/24/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/10/2013

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 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 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 53-year-old gentleman who was injured on 06/01/08 sustaining an injury to the left shoulder. Specific to the claimant's left shoulder, there is documentation that a left shoulder arthroscopy and subacromial decompression occurred on 07/19/13. Specifically, in regard to the claimant's shoulder procedure, there was a request for postoperative DME devices to include a Cuetech Recovery Systems for a 21 day rental, a 30 day rental of a Continuous Passive Motion device, and the purchase of a programmable pain pump for the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

The Q-tech recovery system with wrap for 21 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter.

Decision rationale: California MTUS Guidelines are silent. When looking at ODG criteria, the role of a Cuetech Recovery System would not be indicated. Supporting literature of the Cuetech recovery system that is available in this case states that it is a heat and cold therapy unit as well as a DVT compression unit. Guideline criteria at present does not recommend the role of

combination therapy devices or systems. Furthermore in this case, the isolated role of cryotherapy would only be indicated for up to seven days including home use following a shoulder related procedure. The 21 day rental of this combination therapy device, thus, would not be indicated.

A shoulder continuous passive motion device for 30 day rental: 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 ODG, Shoulder Procedures.

Decision rationale: California MTUS Guidelines are silent. When looking at ODG criteria, a continued passive motion unit for the shoulder is not supported. CPM use in the shoulder has not been supported by ODG criteria citing recent randomized clinical trials that have revealed no difference with its use compared to other forms of primary therapy modalities alone. The specific request in this case would not be indicated.

purchase of a 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 ODG, Postoperative pain pumps.

Decision rationale: A pain pump for use in the postoperative setting in this case would not be indicated. ODG criteria in regard to postoperative pain pumps for the shoulder indicate that they are not recommended with recent randomized clinical trialing not supporting their efficacy based on primary forms of modalities. The specific request for the use of this device would, thus, not be indicated given the clinical information available for review.