MAXIMUS Federal Services

Case Number:	CM13-0023913		
Date Assigned:	11/15/2013	Date of Injury:	01/13/2009
Decision Date:	01/30/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/13/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Ohio 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 58-year-old male who reported an injury on 01/13/2009 with the mechanism of injury being the patient fell off a ladder. The patient was noted to undergo a left shoulder rotator cuff repair on 08/26/2013. The request was made for a Q-Tech recovery system with wrap-21 day rental and a Shoulder Continuous Passive Motion (CPM) with pads for 30 day rental. The patient's diagnosis was noted to be rotator cuff syndrome of shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech recovery system with wrap-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) Official Disability Guidelines, Shoulder Chapter, Continuos-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Cryotherapy, online version does not address Q-Tech Recovery system which includes Deep Vein Thrombosis (DVT), Official Disability Guidelines, Knee & Leg Chapter, addressed DVT. Online version.

Decision rationale: California MTUS and American College of Occupational and Environmental Medicine (ACOEM) do not address Q-Tech recovery system, which includes, cold, heat, compression and Deep vein thrombosis (DVT) prevention. ACOEM guidelines indicate that local application of heat and cold packs. However, ACOEM and California MTUS do not address cryotherapy. Official Disability Guidelines indicate that cryotherapy is appropriate for 7 days post operatively and that patients who are at risk for DVT should be identified and started on prophylactic measures. The clinical documentation submitted for review indicated the patient had surgical intervention; however, it failed to provide the necessity for a Q-Tech system for 21 days. Given the above and the lack of documentation of exceptional factors, the request for Q-Tech recovery system with wrap-21 day rental is not medically necessary.

Shoulder CPM with pads for 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Shoulder Chapter, Continuous Passive Motion (CPM)

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

Decision rationale: California MTUS/ACOEM guidelines do not address CPM or CPM supplies. Official Disability Guidelines does not recommend a CPM for shoulder rotator cuff problems, but recommends it as an option for adhesive capsulitis, up to 4 weeks/5 days per week. The clinical documentation submitted for review indicated the patient had rotator cuff surgery. It failed to provide documentation of exceptional factors to warrant non-adherence to Guideline recommendations. Given the above, the request for Shoulder CPM with pads for 30 day rental is not medically necessary.