

Case Number:	CM13-0031340		
Date Assigned:	12/04/2013	Date of Injury:	06/07/2013
Decision Date:	01/23/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/03/2013

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 clinical records for review indicate that she is with documentation of a right shoulder injury for which surgical intervention was noted to take place on October 1, 2013. The operative report from [REDACTED] indicates the claimant underwent diagnostic arthroscopy of the right shoulder with a Bankart repair, synovectomy, removal of loose bodies, lysis of adhesions and subacromial bursectomy. At present there is request for two perioperative interventions: The first of a 30-day rental of a cryotherapy device; the second is for a pain pump for the right shoulder, both for the surgical process just described.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op cold therapy unit right shoulder, trial 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 5th Edition, 2007 or current year, Shoulder (acute & chronic) Continuous-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) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure, Continuous-flow cryotherapy.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, cryotherapy device would not be indicated. Request in this case is for 30 days. Official Disability Guidelines would recommend the role of a cryotherapy device in the postsurgical setting of a shoulder procedure for up to seven days including home use. The specific request would exceed seven day Guideline criteria and would not be indicated at present.

Post-op pain pump right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 5th Edition, 2007 or current year, Shoulder (acute & chronic), Postoperative pain pump.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure, Postoperative pain pump.

Decision rationale: California MTUS Guidelines are also silent. When looking at Official Disability Guideline criteria, a postoperative pain pump is not supported. Official Disability Guidelines clearly indicates that recent moderate quality run randomized clinical trials do not support the postoperative efficacy or use of pain pumps over standard modality therapies alone. The specific request for a pain pump following this claimant's shoulder surgery cannot be supported based on Official Disability Guideline criteria which do not recommend the role of this postoperative modality in any setting.