

Case Number:	CM13-0040620		
Date Assigned:	12/20/2013	Date of Injury:	03/23/2011
Decision Date:	02/06/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of 3/23/11. A utilization review determination dated 9/13/13 recommends non-certification of prospective DVT machine for one month rental for post-op use after right shoulder surgery, prospective Cold Therapy Unit 30 day rental for post-op use after right shoulder surgery, and prospective IF Unit for one month rental for post-op use after right shoulder surgery. A progress report dated 11/5/13 identifies subjective complaints including, "right shoulder pain." Objective examination findings identify, "positive impingement signs." Diagnoses state, "right shoulder subacromial impingement syndrome s/p injection x 1...s/p right shoulder impingement on 3/23/11 and 2/7/12...." Treatment plan recommends, "patient had pre op visit today and is scheduled for a right shoulder arthroscopy SAD with distal clavicle resection on 11/12/13."

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective DVT machine for one month rental for post-op use after right shoulder surgery: 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 Chapter, Venous Thrombosis Section

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for DVT machine for one month rental for post-op use after right shoulder surgery, California MTUS does not address the issue. ODG cites that the administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures, and the surgical procedure was noted to be a right shoulder arthroscopy SAD with distal clavicle resection. There is also no documentation that is at a high risk of developing venous thrombosis such that prophylactic measures would require consideration. In light of the above issues, the currently requested DVT machine for one month rental for post-op use after right shoulder surgery is not medically necessary.

Prospective Cold Therapy Unit 30 day rental for post-op use after right shoulder surgery:
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 Chapter, Continuous-flow cryotherapy section.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for Cold Therapy Unit 30 day rental for post-op use after right shoulder surgery, California MTUS does not address the issue. ODG cites that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. However, there is no evidence-based support for the use of cold therapy for 30 days. In the absence of such documentation, the currently requested Cold Therapy Unit 30 day rental for post-op use after right shoulder surgery is not medically necessary.

Prospective IF Unit for one month rental for post-op use after right shoulder surgery:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for IF Unit for one month rental for post-op use after right shoulder surgery, California MTUS cites that, for postoperative use, interferential stimulation is supported when significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment. This cannot be predicted preoperatively, and there is no documentation that this has occurred after the patient's shoulder surgery. In the absence of such documentation, the currently

requested IF Unit for one month rental for post-op use after right shoulder surgery is not medically necessary.