

Case Number:	CM13-0054776		
Date Assigned:	12/30/2013	Date of Injury:	06/08/2013
Decision Date:	05/02/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 expert 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 48 year-old female who was injured on 6/8/2013. She has been diagnosed with cervical radiculopathy;lumbar radiculopathy; thoracic sprain; shoulder tendonitis/bursitis; elbow tendonitis/bursitis; wrist tendonitis/bursitis. The IMR application shows a dispute with the 10/24/13 UR decision. The 10/24/13 UR letter is for non-certification for DME including a DVT prevention system with cold therapy; a pain pump and pro-sling with abduction pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT(DEEP VENOUS THROMBOSIS) PREVENTION SYSTEM WITH Q-TECH COLD THERAPY RECOVER SYSTEM FOR 21 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

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 Online For: Cold Compression Therapy and Continuous-Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines (ODG) state that a continuous flow cryotherapy unit can be used up to 7-days post-op. The request for 21-days will exceed ODG

recommendations. The ODG also states that cold compression therapy is not indicated for the shoulder. The request for a prevention system with Q-Tech cold therapy recover system for 21 days is not medically necessary and appropriate.

PAIN PUMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)- Shoulder Chapter, Post Operative 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), Shoulder Chapter Online For: Postoperative Pain Pump.

Decision rationale: According to the Official Disability Guidelines (ODG) regarding pain pumps, "Not recommended. Three recent moderate quality RCTs did not support the use of pain pumps. Before these studies, evidence supporting the use of ambulatory pain pumps existed primarily in the form of small case series and poorly designed randomized, controlled studies with small populations. Much of the available evidence has involved assessing efficacy following orthopedic surgery, specifically, shoulder and knee procedures. A surgeon will insert a temporary, easily removable catheter into the shoulder joint that is connected to an automatic pump filled with anesthetic solution. This "pain pump" was intended to help considerably with postoperative discomfort, and is removed by the patient or their family 2 or 3 days after surgery. There is insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre- or postoperative pain control using oral, intramuscular or intravenous measures." The Official Disability Guidelines (ODG) specifically state a postoperative pain pump is not recommended. The request for a pain pump is not medically necessary and appropriate.

PRO-SLING WITH ABDUCTION PILLOW: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: Based on the medical records provided for review the patient is anticipating a surgery and the sling is for post-op pain. ACOEM guidelines recommend shoulder sling for acute pain. The request for a Pro-sling with abduction pillow is medically necessary and appropriate.