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| Case Number: | CM13-0064210 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 07/14/2012 |
| Decision Date: | 05/12/2014 | UR Denial Date: | 11/25/2013 |
| Priority: | Standard | Application Received: | 12/11/2013 |

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 & Rehabilitation and is licensed to practice in 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 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 injured worker is a 58-year-old male who reported an injury on July 14, 2012. The mechanism of injury involved heavy lifting. Current diagnoses include left shoulder superior labral tear from anterior to posterior (SLAP) tear, rotator cuff tendonitis, and left shoulder impingement. The injured worker was evaluated on October 22, 2013. The injured worker reported 6/10 pain. The injured worker has been previously treated with activity modification, physical therapy, and medication. Physical examination revealed tenderness to palpation, positive Neer and Hawkins testing, positive O'Brien's testing, grade IV muscle weakness, and limited range of motion. Treatment recommendations at that time included left shoulder arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE 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 Guidelines, 11th Edition, Web, Shoulder, 2013, 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) Shoulder Chapter, Postoperative Pain Pump

Decision rationale: The California MTUS/ACOEM Practice Guidelines did not specifically address the requested postoperative durable medical equipment (DME). The Official Disability Guidelines state that postoperative pain pumps are not recommended. As per the documentation submitted, there is no mention of a contraindication to oral analgesic medication, as opposed to a postoperative pain pump. As guidelines do not recommend postoperative pain pumps, the current request is not medically appropriate. Therefore, the request is non-certified.

COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, Shoulder section, 2013, 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) Shoulder Chapter, Continuous Flow Cryotherapy

Decision rationale: The California MTUS/ACOEM Practice Guidelines did not specifically address the requested postoperative durable medical equipment (DME). The Official Disability Guidelines state that continuous-flow cryotherapy is recommended as an option after surgery. Postoperative use generally may be up to 7 days, including home use. While the injured worker may meet criteria for the requested DME, the current request does not include a total duration of treatment. Therefore, the request is not medically appropriate. As such, the request is non-certified.