

Case Number:	CM13-0066419		
Date Assigned:	01/03/2014	Date of Injury:	06/14/2011
Decision Date:	05/19/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/16/2013

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 60 year-old female who was injured on 6/14/2011. She has been diagnosed with shoulder tendonitis/bursitis; carpal tunnel syndrome; thoracic or lumbosacral neuritis or radiculitis not otherwise specified. On 11/18/13, UR reviewed the 10/15/13 report from [REDACTED] and recommended non-certification for a 21-day rental of q-tech cold therapy recovery system with wrap; 21 day rental of Q-tech DVT prevention system; and a 5-day of a programmable pain pump. The 10/15/13 operative report by [REDACTED] was for left shoulder arthroscopy, extensive synovectomy, Glenoid chondroplasty, CA ligament resection and subacromial decompression, GH injection with lidocaine for post-op comfort, placement of brace and placement of pain pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 DAY RENTAL OF Q-TECH COLD THERAPY RECOVERY SYSTEM WITH WRAP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Official Disability Guidelines (ODG) recommend post-operative use of cryotherapy for up to 7-days. The request for 21-day rental of the cryotherapy machine will exceed the ODG recommendations. The request for 21 day rental of Q-Tech cold therapy recovery system with wrap are not medically necessary and appropriate.

21 DAY RENTAL OF Q-TECH DVT PREVENTION SYSTEM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Official Disability Guidelines (ODG) regarding the shoulder specifically states cold compressive therapy is not recommended for the shoulder, though it may be an option for other body parts. The request for the Q-tech DVT prevention system for the shoulder is not medically necessary and appropriate.

5 DAYS OF PROGRAMMABLE PAIN PUMP: Upheld

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

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 Official Disability Guidelines (ODG), in the shoulder chapter specifically states the postoperative pain pumps are not recommended. The request is not in accordance with ODG guidelines. The request for 5 days of programmable pain pump is not medically necessary and appropriate.