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| Case Number: | CM13-0067279 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 08/18/2010 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 12/02/2013 |
| Priority: | Standard | Application Received: | 12/17/2013 |

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, 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 an employee of [REDACTED] and has submitted a claim for bilateral shoulder pain with an industrial injury date of August 18, 2010. Treatment to date has included medications, physical therapy, occupational therapy, home exercise program, arm sling, cold pack, shoulder cortisone injections, right shoulder arthroscopy, and a revision right shoulder arthroscopy with subacromial decompression. Utilization review from December 2, 2013 denied the request for Pro Sling with abduction pillow because guidelines state that it is not used for arthroscopic repairs; programmable pain pump because it is not recommended by guidelines post-operatively; and Q-Tech DVT Prevention System - rental 21 days because there is a low risk of upper extremity DVT. The same review modified Q-Tech Cold Therapy Recovery System w/ wrap - rental 21 days to rental for 7 days because cryotherapy may be used as an option after surgery for up to 7 days. Medical records from 2011 through 2013 were reviewed, which showed that the patient complained of bilateral shoulder pain with difficulty lifting, pushing, and performing shoulder activities. She also had difficulty bathing, dressing, undressing, and combing her hair, maintaining bowel and bladder and self-hygiene. On physical examination, there was loss of motor strength of the right deltoid, graded 4/5. Impingement, Hawkins, and Yergason testing were positive on the right. There was a well-healed incision over the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRO SLING WITH ABDUCTION PILLOW: 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)

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, abduction pillow.

Decision rationale: CA MTUS does not address abduction pillow slings; however, the Official Disability Guidelines recommends abduction pillow slings as an option following open repair of large and massive rotator cuff tears. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. In this case, the patient underwent two previous arthroscopic surgeries for the right shoulder. The guidelines state that abduction pillow slings are not used for arthroscopic repairs. Therefore, the request for Pro Sling with Abduction Pillow is not medically necessary.

PROGRAMMABLE PAIN PUMP PURCHASE: 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) Shoulder (updated 6/12/13).

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: CA MTUS does not address pain pumps; however, the Official Disability Guidelines do not recommend postoperative pain pumps, with 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. In this case, there was no discussion on the indication for the use of a pain pump. There also was no discussion regarding contraindications to conventional pre- or post-operative pain control measures. Therefore, the request for Programmable Pain Pump Purchase is not medically necessary.

Q-TECH DVT PREVENTION SYSTEM, RENTAL 21 DAYS: 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.

Decision rationale: CA MTUS does not specifically address DVT prophylaxis; however, the Official Disability Guidelines recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing DVT and providing prophylactic

measures. In the shoulder, risk is lower than in the knee and depends on: invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk); the postoperative immobilization period; and use of central venous catheters. Furthermore, the incidence of DVT is very rare after shoulder arthroscopy. In this case, the patient underwent shoulder arthroscopy and there was no discussion regarding presence of complications, prolonged immobilization period, or use of central venous catheters. The medical records also do not identify the patient as being high risk for DVT. Therefore, the request for Q-Tech DVT Prevention System, Rental 21 Days is not medically necessary.

Q-TECH THERAPY RECOVERY SYSTEM WITH WRAP, RENTAL 21 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (updated 3/7/13) 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: CA MTUS does not specifically address continuous-flow cryotherapy; however, the Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, the request is for 21 days rental, which is beyond the guideline recommendations of postoperative use of up to 7 days. Therefore, the request For Q-Tech Therapy Recovery System With Wrap, Rental 21 Days is not medically necessary.