

Case Number:	CM14-0007262		
Date Assigned:	02/12/2014	Date of Injury:	05/06/2013
Decision Date:	08/05/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/20/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi and 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 31-year-old male with status post left shoulder decompression diagnosed on December 6, 2013. The date of injury is reported as May 6, 2013. The mechanism of injury is undisclosed. A progress note dated December 16, 2013 indicates a diagnosis of lumbosacral radiculopathy, shoulder impingement, and plantar fasciitis. The injured presents for follow-up following left shoulder subacromial decompression and the record evidences a routine postoperative recovery. There is no focal physical examination, only a reference in the follow-up summary that wounds are healing well with no sign of infection. The injured was recommended to begin range of motion exercises with physical therapy and follow-up in six weeks. Preoperative encounter notes are also included and reviewed in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q -TECH COLD THERAPY RECOVERY SYSTEM: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute And Chronic) -Continuous Flow Cryotherapy.

Decision rationale: The ODG supports the use of continuous flow cryotherapy in the postoperative setting following shoulder procedures for up to seven days. The request includes the use of this device for the post surgical treatment for up to 35 days. This exceeds the guideline recommendations for seven days, without any documentation to substantiate the medical necessity of the duration of use that exceeds the guideline recommendations. Therefore, the request for a Q-Tech Cold Therapy Recovery System is not medically necessary.

PROGRAMABLE PAIN PUMP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute And Chronic) Post-operative Pain Pump.

Decision rationale: The guidelines provide no support for postoperative programmable pain pump noting that recent evidence-based trials failed to provide evidence that this device is effective or more effective than conventional measures. In the absence of evidence-based support, the request for a programmable pain pump is not medically necessary.

PRO-SLING WITH ABDUCTION PILLOW: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical 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 (Acute And Chronic) Postoperative Pillow Sling.

Decision rationale: The ODG supports the use of the postoperative sling/abduction pillow to take the tension off the repaired tendon following repair of large rotator cuff tear. This device is not used, or recommended, for the surgical procedure noted. There is no clinical documentation to substantiate the medical necessity of this device. Therefore, the request for a Pro-Sling with abduction pillow is not medically necessary.

Q-TECH DVT PREVENTION SYSTEM FOR 21 DAYS RENTAL PLUS PURCHASE OF SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute And Chronic) - Venous Thrombosis.

Decision rationale: Medical treatment guidelines recommend monitoring the risk of perioperative thromboembolic complications in acute and subacute postoperative periods for possible treatment, and identification of individuals who are at high risk of developing a Deep

Vein Thrombosis (DVT) and providing prophylactic measures such as consideration for anticoagulation therapy. When noting the risk for such complication is significantly lower in the upper extremity, and with arthroscopic procedures, the administration of DVT prophylaxis is generally not recommended. However, should there be undocumented evidence of a risk factor that has not been disclosed, the primary guideline supported form of DVT prophylaxis, (evidence-based) would include anticoagulants, in the absence of a risk factor for the use of this medication. The medical record provides no documentation indicating the injured is at a unique risk for the development of a DVT, and there's no indication that a contraindication to the use of anticoagulants exists. Therefore, the request for a Q-Tech DVT Prevention System is not medically necessary.