

Case Number:	CM14-0102291		
Date Assigned:	07/30/2014	Date of Injury:	06/14/2013
Decision Date:	10/02/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, shoulder pain, hand pain, hip pain, groin pain, knee pain, and an umbilical hernia reportedly associated with an industrial injury of June 14, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; knee and shoulder surgeries in 2013; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 24, 2014, the claims administrator approved a right shoulder arthroscopy, approved 12 sessions of postoperative physical therapy, approved a preoperative medical clearance with associated laboratory testing, partially certified a cold therapy unit as a seven-day rental of the same, denied an interferential unit one to two month rental/purchase, partially certified a shoulder sling request, and denied a pain pump. In a July 9, 2014 progress note, the applicant was placed off of work, on total temporary disability, through September 1, 2014. On June 4, 2014, the attending posited that the applicant had full thickness rotator cuff tear established on repeat shoulder MRI imaging. The applicant was doing poorly, with marked shoulder pain and weakness. Shoulder arthroscopy and rotator cuff repair surgery was sought. In a progress note dated March 26, 2014, the attending provider sought authorization for 12 sessions of physical therapy for ongoing shoulder and knee pain. An interferential unit 30 to 60 day rental versus purchase was also proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit (Rental or Purchase): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter Continuous-Flow Cryotherapy topic.

Decision rationale: Conditional certifications or partial certifications were not permissible through the independent medical review process. The request is imprecise. The MTUS does not address the topic. While ODG Shoulder Chapter Continuous-Flow Cryotherapy topic does support Continuous-Flow Cryotherapy in the postoperative context, ODG notes that such postoperative usage should be limited to seven days, as complications associated with cryotherapy such as frostbite are extremely rare but can be devastating. Thus, purchasing the device in question cannot be endorsed in light of the unfavorable ODG position on long-term usage of Continuous-Flow Cryotherapy. Therefore, the request is not medically necessary.

IF Unit x 1-2 Months (Rental or Purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines does support a one month trial of an interferential current stimulator in applicants in whom pain is ineffectively controlled due to diminish medication efficacy, applicants in whom pain is ineffectively controlled owing to medication side effects, and/or applicants with a history of substance abuse which would limit the ability to provider analgesic medications, and/or significant pain associated with postoperative condition which limits the ability to perform exercise program and/or attend physical therapy, in this case, however, none of the aforementioned issues was evident here. The attending provider did not furnish any history of analgesic medication intolerance, side effects to the analgesic medications, substance abuse, etc., which would compel a one-month trial of the interferential current stimulator at issue. Therefore, the request is not medically necessary.

Pain Pump (Rental or 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, Operative Pain Pumps

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Postoperative Pain Pump topic.

Decision rationale: The MTUS does not address the topic of postoperative pain pumps, as is apparently being sought here. ODG Shoulder Chapter Postoperative Pain Pump topic, however, notes that postoperative pain pumps are "not recommended" following shoulder surgery, as is apparently set to transpire here. The attending provider did not proffer any compelling applicant specific narrative rationale or narrative commentary to offset the unfavorable ODG position. Therefore, the request is not medically necessary.