MAXIMUS Federal Services

Case Number:	CM14-0106898		
Date Assigned:	09/16/2014	Date of Injury:	03/11/2011
Decision Date:	11/17/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/10/2014

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 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:

This is a 37-year-old gentleman who sustained an injury to the right shoulder on 0311/11. The medical records provided for review documented that the claimant was authorized to have right shoulder arthroscopy, subacromial decompression, distal clavicle excision, and debridement. In direct relationship to the claimant's approved surgery, there is a current request for a home exercise kit, immediate postoperative use of an interferential device and supplies, a motorized compression pump, and the use of an assistant surgeon for the procedure in question. There is no further documentation of records pertinent to the perioperative request in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant Surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 29355 to 29901)

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Milliman Care Guidelines, the request for an assistant surgeon for an arthroscopic procedure to the shoulder would not be indicated. There would presently be no indication per Milliman Guidelines for an assistant surgeon for arthroscopic intervention to the shoulder. The request for Assistant Surgeon in this case would not be supported as medically necessary.

IFC unit and supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines do not support the routine use of an interferential device following surgery. While TENS devices can be used in the immediate postoperative setting, the use of interferential devices are typically not recommended in the immediate acute setting of surgical intervention. The request in this case for IFC Unit and Supplies would not be supported as medically necessary.

Exercise kit.: 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: Home exercise kits.

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. When looking at Official Disability Guidelines, the request for an exercise kit would not be supported. Typically, following surgical intervention for the shoulder, a course of physical therapy to include instruction of home exercise program is part of rehabilitation. The role of formal physical therapy in regard to the claimant's shoulder as opposed to the use of a home kit or self-directed exercises would be supported for this individual. The request for immediate use of an Exercise Kit, in direct relationship to the claimant's shoulder arthroscopy would not be supported as medically necessary.

Motorized compression 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.

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, Compression garments.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. When looking at the Official Disability Guidelines, the request for a compressive device for deep vein thrombosis prophylaxis in this case would not be indicated. This individual would be considered low risk for postoperative deep vein thrombosis to the upper extremity as he does not have a history of prior venothrombolytic events or past medical history suggestive of risk for thrombosis. Given the specific request in relationship to the claimant's outpatient arthroscopy procedure, the request for Motorized Compression Pump in this case would not be supported as medically necessary.