

Case Number:	CM14-0010021		
Date Assigned:	02/21/2014	Date of Injury:	07/09/2010
Decision Date:	06/26/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/23/2014

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 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 46-year-old female with date of injury of 07/09/2010. The listed diagnoses per [REDACTED] are: 1. Generalized pain. 2. Pain in joint involving the shoulder region. 3. Sprain of unspecified site of the wrist. 4. Lumbar sprain. 5. Status post right shoulder arthroscopy from 01/03/2014 According to the progress report dated 12/17/2013 by Dr. Lauren Papa, the patient complains of right shoulder pain which she rates 8/10 radiating to the right upper extremity with numbness on the right hand. The patient also complains of low back pain which she rates 8/10 radiating to the bilateral lower extremities with numbness on the feet and burning sensation on the bilateral legs. The objective findings show right shoulder is positive for Apprehension's, Neer's, and Hopkins' signs. There is restricted range of motion. The right elbow and right wrist have a positive Tinel's sign. Straight leg raise is positive on the right. Braggart's test and Sciatic notch test in positive on the right. She also has restricted range of motion in the lumbar spine. There is decreased sensation on the L5 dermatome. The utilization review denied the request on 01/13/2014.

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 WITH WRAP FOR THE RIGHT SHOULDER (RENTAL FOR 21 DAYS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 9, 203

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following regarding continuous-flow cryotherapy under shoulder: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acu

Decision rationale: This patient presents with chronic right shoulder, right elbow, right wrist, and low back pain. The patient is status post right shoulder arthroscopy from 01/03/2014. The treater is requesting Q-Tech cold therapy recovery system for the right shoulder. The MTUS and ACOEM guidelines are silent with regards to this request; however, ODG Guidelines on continuous-flow cryotherapy states that it is recommended as an option after surgery but not for non-surgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The patient underwent a right shoulder arthroscopy on 01/03/2014. In this case, ODG recommends the use of continuous-flow cryotherapy as an option after surgery. However, the requested 21-day rental exceeds ODG's recommendation of 7 days post-operative use. Recommendation is for denial. The request for Q-Tech Cold Therapy Recovery System With Wrap For The Right Shoulder (Rental For 21 Days) is not medically necessary.

Q-TECH DVT PREVENTION SYSTEM 21 DAY RENTAL WITH HALF ARM WRAP (RIGHT SHOULDER) AND HALF LEG WRAP FOR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 9, 203

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following regarding continuous-flow cryotherapy under shoulder:

Decision rationale: This patient presents with chronic right shoulder, right elbow, right wrist, and low back pain. The patient is status post right shoulder arthroscopy from 01/03/2014. The treater is requesting a Q-Tech DVT prevention system for a 21-day rental. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under continuous flow cryotherapy states that it is recommended as an option after surgery but not for non-surgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. Regarding venous thrombosis, ODG guidelines also states the following: "It is recommended to treat patients of asymptomatic mild UEDVT with anticoagulation alone and patients of severe or extensive UEDVT with motorized mechanical devices in conjunction with pharmacological thrombolysis, without delay beyond 10-14 days."

The patient underwent a right shoulder arthroscopy on 01/03/2014. In this case, ODG recommends only 7 days of continuous flow cryotherapy, and for DVT, anticoagulation alone is recommended for mild upper extremity DVT. This patient is not yet diagnosed with upper extremity DVT which is a much more rare condition than lower extremity DVT following knee or hip surgeries. Recommendation is for denial. The request for Q-Tech Dvt Prevention System 21 Day Rental With Half Arm Wrap (Right Shoulder) And Half Leg Wrap For Purchase is not medically necessary.

PROGRAMMABLE PAIN PUMP: 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) ODG guidelines has the following regarding post-operative pain pumps:

Decision rationale: This patient presents with chronic right shoulder, right elbow, right wrist, and low back pain. The patient is status post right shoulder arthroscopy from 01/03/2014. The treater is requesting a programmable pain pump. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under pain pump for postoperative pain states that it is not recommended. There is 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, ODG Guidelines do not support the use of a programmable pain pump following surgery. Recommendation is for denial. The request for Programmable Pain Pump is not medically necessary.

Q-TECH DVT PREVENTION SYSTEM 21 DAY RENTAL WITH HALF ARM WRAP (RIGHT SHOULDER) AND HALF LEG WRAP FOR PURCHASE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 9, 203

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following regarding continuous-flow cryotherapy under shoulder:

Decision rationale: This patient presents with chronic right shoulder, right elbow, right wrist, and low back pain. The patient is status post right shoulder arthroscopy from 01/03/2014. The treater is requesting a Q-Tech DVT prevention system for a 21-day rental. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under continuous flow cryotherapy states that it is recommended as an option after surgery but not for non-surgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. Regarding venous thrombosis, ODG guidelines also states the following: "It is recommended to treat patients of asymptomatic mild UEDVT with

anticoagulation alone and patients of severe or extensive UEDVT with motorized mechanical devices in conjunction with pharmacological thrombolysis, without delay beyond 10-14 days." The patient underwent a right shoulder arthroscopy on 01/03/2014. In this case, ODG recommends only 7 days of continuous flow cryotherapy, and for DVT, anticoagulation alone is recommended for mild upper extremity DVT. This patient is not yet diagnosed with upper extremity DVT which is a much more rare condition than lower extremity DVT following knee or hip surgeries. Recommendation is for denial. The request for Q-Tech Dvt Prevention System 21 Day Rental With Half Arm Wrap (Right Shoulder) And Half Leg Wrap For Purchase) is not medically necessary.