

Case Number:	CM14-0010416		
Date Assigned:	02/21/2014	Date of Injury:	05/08/2006
Decision Date:	11/05/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/24/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 57-year-old male who reported an injury on 05/08/2006 due to an unknown mechanism. Diagnoses were painful hardware right shoulder, right shoulder status post arthroscopy, subacromial decompression, rotator cuff repair, right shoulder contracture, low back pain, degenerative disc disease lumbar spine, facet arthropathy, herniated disc, radiculitis left lower extremity, neuropathic pain, left shoulder status post arthroscopy, removal of painful hardware, lysis of adhesions, status post left shoulder rotator cuff repair, right knee status post arthroscopy and left knee pain, compensatory. Physical examination dated 12/04/2013 revealed that the injured worker underwent epidural injections of the lower spine 4 months ago. It was reported that the injured worker had gotten complete relief of his symptoms in his back and the radicular symptoms down his lower extremity were resolved. It was reported that the injured worker's symptoms are starting to recur. It was reported that the medications gave the injured worker both functional improvement and pain relief. Examination revealed positive soft tissue in the paralumbar musculature, post tenderness in the posterior superior iliac spine region, point tenderness over the left PSIS region, positive muscle spasming in the paralumbar musculature. Motor strength was 5/5 in all muscle groups of the lower extremities. Deep tendon reflexes were normal. Range of motion for the lumbar spine was decreased in the forward flexion. It was also decreased in extension. There was a negative straight leg raise in the supine and sitting position bilaterally. There was a positive Neer's test, positive Hawkins test, in the right shoulder. Resisted abduction strength was 5/5. There was pain on resisted abduction. There was swelling noted over the left shoulder. The injured worker also had problems with the left knee. There was positive medial joint line tenderness and positive lateral joint line tenderness. There was positive patellofemoral facet tenderness. Treatment plan was for right shoulder arthroscopy and

postoperative therapy, also for the use of a VascuTherm. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Postoperative consultation with a pain management specialist between 1/7/2014 and 2/21/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2004, 2nd Edition, Chapter 7, Independent Medical Examinations And Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, page 163

Decision rationale: The decision for 1 Postoperative consultation with a pain management specialist between 1/7/2014 and 2/21/2014 is not medically necessary. The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness return to work. There was no clear rationale to support the consultation. The reason for the pain management specialist consultation between 01/07/2014 and 02/21/2014 was not provided. It was reported that the injured worker had an epidural steroid injection 4 months ago and his symptoms were starting to recur. It was also reported that the medications gave the injured worker both functional improvement and pain relief. It was reported that the injured worker had positive tenderness in the paralumbar musculature and in the superior iliac spine region. There was positive muscle spasming. Deep tendon reflexes for the lower extremities were normal. Motor testing was 5/5 in all muscle groups of the lower extremities. There was a positive Neer's test and a positive Hawkins for the right shoulder. It was also reported that the injured worker was to undergo right shoulder arthroscopy. There was no red flag indication for a postoperative consultation with the pain management specialist. Based on the lack of documentation detailing a clear indication for a postoperative consultation with pain management specialist, this request is not medically necessary.

21 Day rental of VascuTherm4 unit with deep vein thrombosis cold compression device between 1/7/2014 and 3/8/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Cold Compression Therapy

Decision rationale: The decision for 21 Day rental of VascuTherm4 unit with deep vein thrombosis cold compression device between 1/7/2014 and 3/8/2014 is not medically necessary. The Official Disability Guidelines state cold compression therapy is not recommended in the shoulder, as there are no published studies. It may be an option for other body parts. The Game Ready device provides both active, continuous cold, and intermittent pneumatic compression to the postop joint. There has been an RCT underway since 2008 to evaluate and compare clinical postoperative outcomes for patients using an active cooling and compression device, and those using ice packs and elastic wrap after acromioplasty or arthroscopic rotator cuff repair, but the results are not available. The request submitted does not indicate the frequency for usage or how long this is to be used for. There was no report of where this VascuTherm4 unit was to be used. It was not reported if this was to be used postoperatively for the injured worker after the right shoulder surgery. The clinical information submitted for review does not provide evidence to justify usage of a VascuTherm4 unit. Based on the lack of documentation detailing a clear indication for the use, this request is not medically necessary.