

Case Number:	CM14-0010807		
Date Assigned:	02/21/2014	Date of Injury:	07/04/2013
Decision Date:	07/17/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/27/2014

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 patient is a 36-year-old male who has submitted a claim for left shoulder impingement, shoulder labrum tear, elbow tendonitis/bursitis, and wrist tendonitis/bursitis associated with an industrial injury date of July 4, 2013. Medical records from 2013 were reviewed. The patient complained of left shoulder pain. The pain was continuous, sharp and throbbing. It radiates to his arm and hand. There was clicking and grinding sensation in the left shoulder with associated stiffness. It was aggravated by reaching, pushing, pulling and lifting. The patient was status post left shoulder arthroscopy with subacromial decompression and labral repair on November 22, 2013 which afforded benefit but continues to have residual pain. Recent physical examination showed healed incisions at the site of the surgical intervention. There was decreased range of motion on flexion and abduction less than 90 degrees for the left shoulder. Motor strength in the left deltoid was grade 4/5. Imaging studies were not made available. Treatment to date has included medications, physical therapy, activity modification, and left shoulder arthroscopy with subacromial decompression and labral repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-TECH DVT PREVENTION SYSTEM (21 DAYS RENTAL): 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, venous thrombosis.

Decision rationale: CA MTUS does not specifically address DVT prophylaxis; however, the Official Disability Guidelines recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing DVT and providing prophylactic measures. In the shoulder, risk is lower than in the knee and depends on: invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk); the postoperative immobilization period; and use of central venous catheters. Furthermore, the incidence of DVT is very rare after shoulder arthroscopy. In this case, the patient underwent shoulder arthroscopy on November 22, 2013. The documented rationale for the request was because the treatment will use cold therapy to combat pain and swelling. However, there was no discussion regarding presence of complications, prolonged immobilization period, or use of central venous catheters. The medical records also do not identify the patient as being high risk for DVT. Therefore, the request for Q-TECH DVT prevention system (21 days rental) 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), Shoulder Chapter, postoperative pain pump.

Decision rationale: CA MTUS does not address pain pumps; however, the Official Disability Guidelines do not recommend postoperative pain pumps, with insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre- or post-operative pain control using oral, intramuscular or intravenous measures. In this case, the pain pump has been ordered to use in conjunction with their rehabilitation program following surgery to help minimize pain associated with surgery and decrease consumption of prescription pain pills. However, there was no discussion regarding contraindications to conventional pre- or post-operative pain control measures. The medical necessity has not been established. Therefore, the request for programmable pain pump is not medically necessary.