

<b>Case Number:</b>	CM14-0011828		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	08/18/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 47-year-old female cashier sustained an industrial injury on 8/18/10, when she picked up a large watermelon causing an onset of right arm pain. She underwent right shoulder arthroscopic labral repair and decompression surgery on 11/11/10, right carpal tunnel release on 6/16/11, and left carpal tunnel release on 8/11/11. The 9/10/12 right shoulder MR arthrogram impression documented supraspinatus tendinosis, possible partial rotator cuff tear, biceps tendinosis, post-surgical changes, and mild osteoarthritic changes of the glenohumeral joint. The 8/15/13 treating physician report documented persistent constant right shoulder pain with clicking and grinding. Right shoulder exam findings documented acromioclavicular joint tenderness and positive impingement signs. A revision right shoulder arthroscopy with possible rotator cuff repair was requested. The 11/4/13 pre-operative medical evaluation documented past medical history positive for diabetes mellitus, hyperlipidemia, hypertension, and migraines. The patient was cleared for surgery. An 11/12/13 prescription for Q-tech cold therapy prevention system with DVT (deep vein thrombosis) prevention, PRO-Sling with abduction pillow, and two day pain pump was submitted. The 12/24/13 utilization review denied the requests for a pain pump, DVT and cold therapy system, and PRO-Sling with abduction pillow based on an absence of guideline support or clear indications of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROGRAMMABLE PAIN PUMP 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 (ODG) Shoulder, Postoperative pain pump.

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

**Decision rationale:** Under consideration is a request for a programmable pain pump purchase. The California MTUS guidelines are silent regarding this device. The Official Disability Guidelines state that post-operative pain pumps are not recommended. Guidelines state 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. Three recent moderate quality randomized controlled trials did not support the use of pain pumps. Given the absence of guideline support for the use of post-operative pain pumps, this request for programmable pain pump purchase is not medically necessary.

**Q-TECH DVT PREVENTION SYSTEM 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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Deep vein thrombosis (DVT), Venous Thrombosis

**Decision rationale:** Under consideration is a request for purchase of the Q-tech deep vein thrombosis prevention system. The California Medical Treatment Utilization Schedule (MTUS) guidelines are silent with regard to the requested item and DVT prophylaxis. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in upper extremity procedures. Guideline criteria have not been met. This patient was scheduled for a right shoulder arthroscopic procedure. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request for purchase of the Q-tech DVT prevention system is not medically necessary.

**Q-TECH COLD THERAPY PREVENTION SYSTEM WRAP - 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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Deep vein thrombosis (DVT), Venous Thrombosis

**Decision rationale:** As the request for Q-tech deep vein thrombosis (DVT) prevention system is not medically necessary, the request for supplies would also not be necessary. Additionally, guidelines do not support cold compression therapy in the shoulder, as there are no published studies. Therefore, the request for purchase of a Q-tech cold therapy prevention system wrap is not medically necessary.

**PRO-SLING WITH ABDUCTION PILLOW PURCHASE:** Overturned

**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, POSTOPERATIVE ABDUCTION PILLOW SLING.

**Decision rationale:** Under consideration is a request for purchase of a PRO-sling with abduction pillow. The California Medical Treatment Utilization Schedule (MTUS) are silent regarding post-op abduction pillow slings. The Official Disability Guidelines state that these slings are generally recommended as an option following open repair of rotator cuff tears. This request is for a revision procedure for a rotator cuff tear. The sling abductor pillow was indicated based on pre-surgical abduction, repair protection, and pain control. Therefore, this request for purchase of a PRO-sling with abduction pillow is medically necessary.