

Case Number:	CM14-0012848		
Date Assigned:	02/26/2014	Date of Injury:	09/24/2011
Decision Date:	06/30/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/31/2014

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 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 injured worker is a 54-year-old female with a reported date of injury on 09/24/2011. The mechanism of injury was not provided within the documentation available for review. According to the clinical note dated 01/02/2014, the injured worker complained of chronic remitting pain in her right shoulder. Upon physical examination, the injured worker is noted to have increased pain upon elevation of right upper extremity at approximately 95 degrees, with positive impingement test. The physician indicated that the injured worker rated her pain at 6/10. The injured worker's diagnosis included right shoulder injury, scheduled for right shoulder surgical repair, history of hypertension, history of hyperlipidemia, diabetes mellitus, obesity, cholelithiasis, and mild anemia. The injured worker's medication regimen included hydrochlorothiazide, lisinopril, metformin, Zoloft, glipizide, Prilosec, Norco, Neurontin, Norflex, Zoloft, and Ambien. The request for authorization for Q-Tech cold therapy recovery system with wrap times 21 days postop, Q-Tech DVT prevention system times 21 days postop, and programmable pain pump postop was submitted on 01/31/2014. The rationale was the injured worker was scheduled right shoulder arthroscopy with sub acromial decompression.

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 TIMES 21 DAYS POST-OP: 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, CONTINUOUS-FLOW CRYOTHERAPY.

Decision rationale: The Official Disability Guidelines state that continuous flow cryotherapy is recommended as an option after surgery. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous flow cryotherapy units have improvement of decreased pain, inflammation, swelling and narcotic usage. The request as submitted is requesting 21 days of postop cryotherapy. As such, 21 days exceeds the recommended guidelines. In addition, the request as submitted failed to provide frequency and site at which the injured worker was to utilize the cryotherapy. Therefore, the request for Q-Tech cold therapy recovery system with wrap times 21 days postop is not medically necessary.

Q-TECH DVT PREVENTION SYSTEM TIMES 21 DAYS POST-OP: 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, VENOUS THROMBOSIS.

Decision rationale: The Official Disability Guidelines state here is recommended monitoring for risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at high risk of developing venous thrombosis. In the shoulder, risk is lower than in the knee and depends on invasiveness of surgery, the postoperative immobilization period, and the use of central venous catheters. It is recommended to treat patients of asymptomatic mild upper extremity deep vein thrombosis with anticoagulation alone in and patients of severe upper extremity deep vein thrombosis with motorized mechanical devices in conjunction with pharmacological thrombolysis, without delay beyond 10-14 days. The documentation provided for review states the injured worker will be undergoing a shoulder arthroscopy with subacromial decompression. The guidelines do not recommend prophylactic treatment of DVT. In addition, the request as submitted failed to provide the frequency and site at which the DVT prevention system was to be utilized. Therefore, the request for Q-Tech DVT prevention system times 21 days postop is not medically necessary.

PROGRAMMABLE PAIN PUMP POST-OP: 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, POSTOPERATIVE PAIN PUMP.

Decision rationale: The Official Disability Guidelines do not recommend postoperative pain pumps. Three recent moderate quality RCTs did not support the use of pain pumps. Much of the available evidence has involved assessing efficacy following orthopedic surgery. 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. The clinical information provided for review lacks documentation of the injured worker's inability to tolerate oral medications. The guidelines do not recommend the use of postoperative pain pump. Therefore, the request for programmable pain pump postop is not medically necessary.