

Case Number:	CM14-0014852		
Date Assigned:	02/28/2014	Date of Injury:	10/10/2012
Decision Date:	06/27/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/05/2014

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 Nevada. 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 employee is a 61 year old female who states that she sustained a work related injury to her right shoulder on October 10, 2012. The most recent examination in the attached medical record is dated December 17, 2013, which states the injured employee is continuing to have difficulty sleeping and that surgery for the right shoulder has been authorized. Physical examination of the right shoulder notes decreased range of motion, pain with motion, and a positive impingement sign. There was also tenderness over the lumbar musculature and decreased lumbar range of motion. Examination of the right elbow noted tenderness over the brachioradialis muscle. There was a diagnosis of right shoulder impingement syndrome, right lateral epicondylitis, and right wrist internal derangement. Previous injection to the right elbow was noted to give temporary improvement. A previous independent medical review dated January 15, 2014 modified a request for a cold therapy recovery system and non-certified a deep vein thrombosis prevention system.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL Q-TECH COLD THERAPY RECOVERY SYSTEM W/WRAP X21 DAYS:
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) Knee & Leg (Acute & Chronic), Continuous-flow cryotherapy, updated June 5, 2014.

Decision rationale: According to the Official Disability Guidelines, a continuous flow cryotherapy unit is recommended for postoperative use generally 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. For these reasons the request for a cold therapy recovery system for 21 days is not medically necessary and appropriate.

Q-TECH DEEP VEIN THROMBOSIS PREVENTION SYSTEM X 21 DAYS

PURCHASE PROGRAMMABLE PAIN PUMP FOR 3 DAY: 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)

Decision rationale: The Official Disability Guidelines does not support the use of the deep vein thrombosis prevention system in the postoperative setting, but only to reduce edema after acute injury. The use of compression garments for generalized use, however, is supported for the prevention of deep vein thrombosis. As this request is for a deep vein thrombosis prevention system specifically for postoperative use this request is not medically necessary and appropriate.