

Case Number:	CM14-0017034		
Date Assigned:	03/07/2014	Date of Injury:	11/04/2010
Decision Date:	05/28/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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:

The claimant is a 59-year-old female who was injured on November 4, 2010. The clinical records provided for review indicate that the claimant is diagnosed with a shoulder strain/impingement and has failed conservative treatment. Surgical arthroscopy has been recommended. This review is for the purchase of a programable pain pump, a twenty-one day rental of a Q-Tech DVT prevention system, and a twenty-one day rental of a Q-Tech cryotherapy device.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF Q-TECH COLD THERAPY RECOVERY SYSTEM WITH WRAP X 21 DAYS: 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), Continuous-Flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: Shoulder Procedure - Continuous-flow cryotherapy.

Decision rationale: The ACOEM Guidelines support the option for use of cryotherapies for acute and subacute shoulder pain. The Official Disability Guidelines recommend the role of cryotherapy for up to seven days following shoulder surgical processes. This request is for a twenty-one day rental of the cryotherapy device which exceeds the recommended guideline. There is no documentation in the records provided for review that makes this claimant an exception to the standard guideline. Therefore, the request for twenty-one day rental of the device is not medically necessary.

RENTAL OF Q-TECH DVT PREVENTION SYSTEM X 21 DAYS: 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), 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), Treatment in Worker's Comp, 18th Edition, 2013 Updates: Forearm/Wrist/Hand Procedure - Vasopneumatic Devices.

Decision rationale: The CA MTUS and ACOEM Guidelines do not address DVT compression devices. When looking at Official Disability Guidelines, the specific request in this case is not medically necessary. The medical records do not indicate that the claimant has a significant or underlying preexisting condition or comorbidity that would require DVT prevention in this individual undergoing a left shoulder arthroscopy. The request for the Rental of Q-Tech Deep Vein Thrombosis (DVT), system for 21 days is not medically necessary.

PURCHASE OF PROGRAMMABLE PAIN PUMP: 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), 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), Treatment in Worker's Comp, 18th Edition, 2013, Updates: Shoulder Procedure - Postoperative Pain Pump.

Decision rationale: The CA MTUS and ACOEM Guidelines do not address programmable pain pumps. When looking at Official Disability Guidelines, a pain pump following the claimant's shoulder procedure would not be indicated. According to the ODG Guidelines, programmable pain pumps are not recommended for postoperative use in the setting of shoulder surgery as recent randomized clinical trials do not support the long term efficacy or demonstrate significant benefit over use of traditional first line modalities alone. The request for Programmable Pain Pump is not medically necessary.