

Case Number:	CM14-0017485		
Date Assigned:	04/14/2014	Date of Injury:	05/25/2010
Decision Date:	05/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/11/2014

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 Family Medicine and is licensed to practice in Utah. 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 37 year old female. The patient's date of injury is the year 2009. The patient has been diagnosed with chronic neck pain, Cervical Radiculopathy, Shoulder tendonitis/bursitis, wrist tendonitis, elbow tendonitis, hand sprain/strain, and a lateral meniscus tear. The patient's treatments have included surgery, physical therapy, medications, and imaging studies. The physical exam findings show spasms and tenderness over the paravertebral muscles of the cervical spine, with decrease range of motion on flexion and extension. Incisions were reported as well healed on the left shoulder. The request is for Q-tech DVT prevention system x 21 days, q-tech cold therapy recover system with wrap x 21 days, programmable pain pump x 3 days (purchase), and pro-sling with abduction pillow.

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 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), Shoulder Chapter, 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), Shoulder Chapter, Venous Thrombosis.

Decision rationale: According to the clinical documentation provided and current ODG guidelines; there is no necessity for a compression device after a routine knee surgery. Anticoagulant medications currently recommended. The above requested treatment is not indicated as a medical necessity to the patient at this time.

Q-TECH COLD THERAPY RECOVERY SYSTEM WITH WRAP X 21 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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: According to the clinical documentation provided and current ODG guidelines; there is no necessity for a compression device/wrap after a routine knee surgery. Anticoagulant medications currently recommended. The above requested treatment is not indicated as a medical necessity to the patient at this time.

PROGRAMMABLE PAIN PUMP X 3 DAYS (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; Shoulder Chapter.

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: According to the clinical documentation provided and current ODG guidelines; ODG Shoulder Chapter, "Postoperative pain pump. Not recommended." A pain pump is not required after this Final Determination Letter for IMR Case Number CM14-0017485 4 particular surgery. Oral medications should be attempted. A pain pump is not indicated as a medical necessity to the patient at this time.

PRO-SLING WITH ABDUCTION PILLOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Post Op Pillow Sling.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Post Op Pillow Sling.

Decision rationale: According to the clinical documentation provided and current ODG guidelines; "ODG, Post op pillow sling. Recommended as an option following open repair of large and massive rotator cuff tears". An abduction pillow is not indicated as a medical necessity to the patient at this time, due to the type of surgery the patient had performed.