

<b>Case Number:</b>	CM14-0019424		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Orthopaedic 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 54-year-old male program analyst sustained an industrial injury on 5/13/11. He was pushing a podium into a conference room, when a person came through the door and pushed the podium back, jamming his shoulder. The 5/15/13 right shoulder MRI documented acromioclavicular joint osteoarthritis, supraspinatus tendinosis, thinned articular cartilage, and curved, anteriorly and laterally downsloping acromion. The patient underwent right shoulder diagnostic arthroscopy with partial synovectomy, chondroplasty glenoid, and subacromial decompression with resection of the coracoacromial ligament on 11/8/13. The 11/8/13 progress report addendum signed by the treating physician is a vendor request form for Q-Tech cold therapy recovery system for up to 21 days, Q-Tech DVT prevention system for up to 21 days, Pro-sling with abduction pillow, and ON-Q programmable pain pump. There is no patient-specific information relative to medical necessity of this equipment. The 11/8/13 venous thromboembolism risk assessment form completed by the patient and surgeon indicated the applicable risk factors were orthopedic/arthroscopic surgery and over age 41. This device was prescribed for use at the surgical facility only. The 1/16/14 utilization review recommended modification of the request for a Pro-Sling with abduction pillow to a standard shoulder sling, modification of the request for a cold therapy unit for 21 days use to 7 days rental, and non-certification of the DVT prevention system.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OP PRO SLING WITH ABDUCTION PILLOW FOR 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 Guidelines.

**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 post-op Pro-Sling with abduction pillow. The California MTUS is silent regarding post-op shoulder slings in chronic cases. The Official Disability Guidelines recommend abduction slings as an option following open repair of large and massive rotator cuff tears. Guideline criteria have not been met. This patient underwent right shoulder arthroscopic surgery with partial synovectomy, chondroplasty glenoid, and subacromial decompression on 11/8/13. The patient did not have a large or massive rotator cuff tear. There is no evidence of a tendon repair to support the medical necessity of a post-operative abduction sling for this patient. A standard sling was certified in utilization review on 1/16/14; there is no compelling reason to support the medically necessary of a specialized abduction sling. Therefore, this request for a post-op Pro-Sling with abduction pillow is not medically necessary.

**POST-OP Q TECH DVT (DEEP VEIN THROMBOSIS) PREVENTION SYSTEM- FOR HOME USE UP TO 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 Guidelines.

**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).

**Decision rationale:** Under consideration is a request for post-op Q Tech DVT (deep vein thrombosis) prevention system for home use, up to 21 days. The California 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. The patient had limited risk factors for venous thrombosis relative to the 11/8/13 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. Additionally, the surgeon indicated that need was limited to surgical facility use only. Therefore, this request for post-op Q Tech DVT (deep vein thrombosis) prevention system for home use, up to 21 days, is not medically necessary.

**POST-OP Q TECH COLD THERAPY RECOVERY SYSTEM WITH WRAP FOR AFTER SURGERY, HOME USE FOR UP TO 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 Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Cold Compression Therapy; Continuous Flow Cryotherapy.

**Decision rationale:** Under consideration is a request for post-op Q Tech cold therapy recovery system with wrap for after surgery, home use for up to 21 days. The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines do not recommend cold compression therapy in the shoulder but state that continuous-flow cryotherapy is an option for up to 7 days. The 1/16/14 utilization review decision recommended partial certification of a cold therapy unit for 7-day rental. There is no compelling reason in the medical records to support the medical necessity of a cold therapy unit beyond the 7-day rental already certified. Therefore, this request for post-op Q Tech cold therapy recovery system with wrap is not medically necessary.