

Case Number:	CM14-0126593		
Date Assigned:	09/05/2014	Date of Injury:	08/07/2013
Decision Date:	10/02/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54-year-old male with an 8/7/13 date of injury. At the time (7/18/14) of the Decision for Pro sling with abduction pillow purchase, Non programmable pain pump purchase, Q-Tech Deep vein thrombosis system up to 21 days, and Q-Tech cold therapy system, there is documentation of subjective (right-sided shoulder pain) and objective (decreased right shoulder range of motion with positive impingement signs) findings, current diagnoses (right shoulder impingement syndrome), and treatment to date (medications, injections, and physical therapy). In addition, 4/18/14 UR determination identifies certification/authorization of a request for right shoulder arthroscopic surgery with subacromial decompression. Regarding Pro sling with abduction pillow purchase, there is no documentation of a diagnosis/condition for which postoperative abduction pillow sling is indicated (open repair of large and massive rotator cuff tears). Regarding Q-Tech Deep vein thrombosis system up to 21 days, there is no documentation that the patient is at a high risk of developing venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro sling with abduction pillow 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

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: MTUS does not address this issue. ODG identifies documentation of a diagnosis/condition for which postoperative abduction pillow sling is indicated (such as open repair of large and massive rotator cuff tears) as criteria necessary to support the medical necessity of postoperative abduction pillow sling. Within the medical information available for review, there is documentation of a diagnosis of right shoulder impingement syndrome. However, given documentation of a request for right shoulder arthroscopic surgery that has been certified/authorized, there is no documentation of a diagnosis/condition for which postoperative abduction pillow sling is indicated (open repair of large and massive rotator cuff tears). Therefore, based on guidelines and a review of the evidence, the request for Pro sling with abduction pillow purchase is not medically necessary.

Non programmable pain pump 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

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: MTUS does not address this issue. ODG identifies that post-operative pain pump is not recommended and that 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 measure. Therefore, based on guidelines and a review of the evidence, the request for Non programmable pain pump purchase is not medically necessary.

Q-Tech Deep vein thrombosis system 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

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: MTUS does not address this issue. ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of DVT prevention system. In addition, ODG identifies that the administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. Within the medical information available for review, there is documentation of a diagnosis of right shoulder impingement syndrome. In addition, there is documentation of a request for right shoulder arthroscopic surgery that has been certified/authorized. However, there

is no documentation that the patient is at a high risk of developing venous thrombosis. Therefore, based on guidelines and a review of the evidence, the request for Q-Tech Deep vein thrombosis system up to 21 days is not medically necessary.

Q-Tech cold therapy system: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Polar care (cold therapy unit)

Decision rationale: MTUS does not address this issue. ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. In addition, ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of DVT prevention system. Within the medical information available for review, there is documentation of a diagnosis of right shoulder impingement syndrome. In addition, there is documentation of a request for right shoulder arthroscopic surgery that has been certified/authorized. However, there is no documentation of the intended duration of use for the requested Q-Tech cold therapy system. Therefore, based on guidelines and a review of the evidence, the request for Q-Tech cold therapy system is not medically necessary.