

Case Number:	CM14-0154873		
Date Assigned:	09/24/2014	Date of Injury:	02/20/2014
Decision Date:	10/27/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/22/2014

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:

This is a 58-year-old gentleman who injured his right shoulder as a result of chronic exposure in the work place on 02/20/14. The records document that a Utilization Review determination authorized right shoulder arthroscopy with rotator cuff repair and arthroscopic subacromial decompression that was performed on 08/12/14. There were additional perioperative requests in relationship to the 08/12/14 surgery for purchase of a Q-Tech DVT Prevention System, the purchase of a Q-Tech Cold Cryotherapy System with wrap, and the three day use of a right shoulder postoperative pain pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

right shoulder post-operative pain pump purchase (3 day use) RFA 7-31-14: 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) Post Operative 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) Shoulder Chapter: Postoperative pain pump

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines do not recommend the use of a pain pump for the shoulder in the postoperative setting due to lack of randomized clinical trials demonstrating the efficacy or long term functional benefit with the use of a pain pump versus other forms of standard care. The use of a pain pump that is not supported by ODG Guidelines cannot be recommended as medically necessary.

right shoulder post-operative Q-Tech cold therapy recovery system with wrap. RFA 7-31-14: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter: Continuous-flow cryotherapy

Decision rationale: The California ACOEM Guidelines and supported by the Official Disability Guidelines do not recommend the purchase of a Q-Tech Cold Therapy wrap. While the ACOEM Guidelines recommend the use of cold therapy in the acute setting and the Official Disability Guidelines recommend the use of cryotherapy units for up to seven days including home use following surgical process, the guidelines do not support their use beyond the seven day period. The medical records provided for review do not explain why this claimant would be an exception to the standard treatment guidelines. Therefore, without parameters in terms of use for seven days, the request in this case cannot be recommended as medically necessary.

right shoulder post-operative Q-tech DVT prevention system RFA 7-31-14: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter: Venous thrombosis

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines would currently not support the use of a deep vein thrombosis prevention system. This individual underwent shoulder surgery to include rotator cuff repair and subacromial decompression. There is no documentation that the claimant has a significant risk factor for upper extremity deep vein thrombosis, prior history of deep vein thrombosis, or history of any form of underlying comorbidity that would increase the risk of postoperative venothrombotic event. The use of the above device following a shoulder procedure would not be indicated as medically necessary for this claimant.