

<b>Case Number:</b>	CM14-0022952		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Occupational Medicine, 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 patient is a 40-year-old female who has filed a claim for neck sprain associated with an industrial injury date of March 19, 2012. Review of progress notes indicates that the patient is post-right shoulder arthroscopic surgery with expected significant loss of range of motion. Treatment to date has included physical therapy, elbow bracing, muscle relaxants, anti-inflammatories, lidocaine patches, and right shoulder arthroscopy on January 31, 2014 with post-operative physical therapy. Utilization review from February 19, 2014 denied the requests for Pro-Sling with abduction pillow, Q-tech cold therapy recovery system with wrap home use for 35 days, Q-tech deep venous thrombosis prevention system for home use for 21 days, and programmable pain pump for the right shoulder. Reasons for denial were not submitted.

### 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: 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-Operative 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) Shoulder chapter, Postoperative abduction pillow sling.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, post-operative abduction pillow slings are recommended as an option following open repair of large and massive rotator cuff tears to take tension off the repaired tendon. They are not used for arthroscopic repairs. In this case, the patient underwent right shoulder arthroscopic subacromial decompression with resection of the CA ligament, with partial synovectomy and glenoid chondroplasty. There was no rotator cuff tear. The criteria for use of an abduction pillow sling have not been met. Therefore, the request for Pro-sling with abduction pillow is not medically necessary or appropriate.

**Q-Tech cold therapy recovery system with wrap home use for 35 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, Continuous-flow cryotherapy.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, the patient underwent right shoulder arthroscopic subacromial decompression with resection of the CA ligament, with partial synovectomy and glenoid chondroplasty. Although continuous-flow cryotherapy is a reasonable post-operative option to manage pain and inflammation, the requested duration exceeds guideline recommendations. Therefore, the request for Q-tech cold therapy recovery system with wrap home use for 35 days is not medically necessary or appropriate.

**Q-Tech deep venous thrombosis prevention system for home use for 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, Compression garments.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, compression garments are not generally recommended. Deep venous thrombosis and pulmonary embolism events are rare following upper-extremity surgery, especially after shoulder arthroscopy. In this case, there is no indication regarding increased risk for deep venous thrombosis/pulmonary embolism, such as

prolonged immobility, to support this request. Therefore, the request for Q-tech deep venous thrombosis prevention system for home use for 21 days is not medically necessary or appropriate.

**Programmable pain pump for the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, post-operative pain pumps are not recommended. There is insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre- or post-operative pain control using oral, intramuscular, or intravenous measures. Therefore, the request for a programmable pain pump for the right shoulder is not medically necessary or appropriate.