

Case Number:	CM14-0032724		
Date Assigned:	04/16/2014	Date of Injury:	07/17/2012
Decision Date:	06/02/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/12/2014

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 32 year old female who was injured on 07/17/2012. She sustained an injury to her right shoulder and upper arm when she repeatedly pulled apart filters and packed them into boxes and lifted the boxes overhead. She has a sprain of the shoulder and arm, and bicipital tenosynovitis. The patient underwent a right shoulder diagnostic arthroscopy and arthroscopic sub-acromial decompression with resection of the CA ligament on 12/13/2013. Diagnostic studies reviewed include x-rays of cervical spine dated 11/06/2013 reveals evidence of a mild degenerative change. The right shoulder appears normal in the joint spaces and articular surfaces. There is no evidence of fracture or dislocation. There is evidence of degenerative changes. An MRI arthrogram dated 11/01/2012 shows degenerative changes at the AC joint, noting this is consistent with a high risk for impingement, and there is some supraspinatus tendinosis partial thickness tear extending for approximately a centimeter. A PR2 dated 02/10/2014 indicates the patient presents with complaints of sharp, stabbing right shoulder pain radiating down the arm to the fingers, associated with muscle spasms. The patient rates the pain as 4-5/10, on a pain analog scale. Her pain is described as intermittent and mild. The patient also complains of blurry vision, persistent headaches and coughs. She states she has been feeling anxious and depressed due to her inability to work and perform the normal day to day tasks of living. She states she has difficulty sleeping due to the uncertainty about the future of her career. The patient had a right shoulder surgery on 12/13/2013. The patient states the symptoms persist but the medications do offer her temporary relief of pain and improve her ability to have restful sleep. She denies any problems with the medications. The pain is also alleviated by activity restrictions. On exam, the right shoulder has 2+ tenderness at the AC joint, subacromial space, supraspinatus muscle, and tendon attachment sites. She has decreased range of motion; positive empty can. Her sensation is intact in the bilateral upper extremities.

Myotomes are decreased in the right upper extremity. Diagnosis is right shoulder internal derangement and right shoulder rotator cuff tear. The patient was advised to stop taking the medications if she had any problems with them.

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 RENTAL: 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) KNEE AND LEG, VENOUS THROMBOSIS; SHOULDER, COMPRESSION GARMENTS, VENOUS THROMBOSIS.

Decision rationale: According to the ODG, with regard to venous thrombosis, it is recommended to identify subjects who are at a high risk of developing venous thrombosis and provide prophylactic measures such as consideration for anticoagulation therapy. The medical records provided for review document the patient was diagnosed with right shoulder impingement, and the patient underwent right shoulder arthroscopy which was dated 12/12/2013. There is no documented recent injury to the lower extremities or pelvis, recent lower extremity surgeries, or clotting factor abnormalities in the available medical records. Deep venous thrombosis and pulmonary embolism events are rare following shoulder surgery, and mechanical or chemical prophylaxis is generally not recommended in the absence of coagulopathic risk factors. Medical necessity is not established. The request is not medically necessary and appropriate.

HALF ARM WRAP 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).

Decision rationale: The medical records provided for review lack information and are somewhat illegible. According to the ODG, compression garments are not generally recommended in the shoulder. The patient does not appear have coagulopathic risk factors. Medical necessity has therefore not been established. The request is not medically necessary and appropriate.

UNIVERSAL THERAPY WRAP: 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).

Decision rationale: According to the ODG, 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 the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. The medical records document the patient was diagnosed with right shoulder impingement and underwent right shoulder arthroscopy on 12/12/2013. This is a request for universal therapy wrap. However, no details are provided. Records do not specify the intended use of the wrap or if it is necessary equipment for continuous cryotherapy. The request is not medically necessary and appropriate.

Q-TECH COLD THERAPY RENTAL: 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).

Decision rationale: The medical records document the patient was diagnosed with right shoulder impingement, and the patient underwent right shoulder arthroscopy which was dated 12/12/2013. According to the ODG, Continuous cryotherapy is recommended and should be approved for a seven day rental. However, the number of days requested is missing. The notes indicate the request may have been made for 21 days which is not generally recommended. The request is therefore not medically necessary and appropriate.