

Case Number:	CM14-0033367		
Date Assigned:	06/20/2014	Date of Injury:	10/23/2009
Decision Date:	11/26/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/17/2014

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 Physical Medicine & Rehabilitation, 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 53 year-old patient sustained an injury on 10/23/09 while employed by [REDACTED]. Request(s) under consideration include Postoperative seven day rental Vascutherm Cold therapy and Oxycontin 10mg #60. Diagnoses include rotator cuff sprain, neck sprain, and shoulder joint pain. The patient is s/p two prior shoulder surgeries (arthroscopic and open) on 3/30/10 and 4/26/11 without benefit. MRI of right shoulder dated 7/19/12 showed high-grade partial-thickness articular surface tear of supraspinatus tendon with large full-thickness components and some degree of delamination; ac joint osteoarthritis. Report from the provider noted the patient with constant sharp pain with decreased range of motion in flexion of 90 degrees and internal rotation to buttocks and can barely lift-off. Surgical treatment included latissimus transfer which was authorized along with 1-2 inpatient stay, meds (Percocet), pre-op clearance; and post-op rental of vascutherm of 14 days. Request(s) for Postoperative rental Vascutherm Cold therapy was modified for 7 days and Oxycontin 10mg #60 was non-certified on 3/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative seven day rental Vascutherm Cold therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment of Workers Compensation Shoulder Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cryotherapy/Cold & Heat Packs, pages 381-382; Vasopneumatic Cryotherapy (Knee, pages 292); Venous Thrombosis (knee), page 356-358.

Decision rationale: This 53 year-old patient sustained an injury on 10/23/09 while employed by [REDACTED]. Request(s) under consideration include Postoperative seven day rental Vascutherm Cold therapy and Oxycontin 10mg #60. Diagnoses include rotator cuff sprain, neck sprain, and shoulder joint pain. The patient is s/p two prior shoulder surgeries (arthroscopic and open) on 3/30/10 and 4/26/11 without benefit. MRI of right shoulder dated 7/19/12 showed high-grade partial-thickness articular surface tear of supraspinatus tendon with large full-thickness components and some degree of delamination; ac joint osteoarthritis. Report from the provider noted the patient with constant sharp pain with decreased range of motion in flexion of 90 degrees and internal rotation to buttocks and can barely lift-off. Surgical treatment included latissimus transfer which was authorized along with 1-2 inpatient stay, meds (Percocet), pre-op clearance; and post-op rental of vascutherm of 14 days. Request(s) for Postoperative rental Vascutherm Cold therapy was modified for 7 days and Oxycontin 10mg #60 was non-certified on 3/12/14 citing guidelines criteria and lack of medical necessity. Treatment included 14 day use of cold compression with DVT prophylaxis unit as part of post-operative healing protocol. Vascutherm unit delivers both cold/compression without need of ice directly to the cold wrap along with pneumatic compression via calf wraps aiding venous return. During the weeks following surgery, mobility is an issue, making the vascutherm unit necessary in preventing any risk of DVT developing while being immobile for multiple hours at a time. Per manufacturer, the vascutherm device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. The patient underwent an upper shoulder/back latissimus transfer surgery; however, the provider does not identify specific risk factors for DVT prophylaxis. Per Guidelines, although DVT prophylaxis is recommended to prevent Venothromboembolism (VTE) for patient undergoing knee or hip arthroplasty, it is silent on its use for latissimus transfer surgery. Some identified risk factors identified include lower limb surgeries, use of hormone replacement therapy or oral contraceptives, and obesity, none of which apply in this case. Submitted reports have not demonstrated factors meeting criteria especially rehabilitation to include mobility and exercise are recommended post-shoulder surgical procedures as a functional restoration approach towards active recovery. MTUS Guidelines is silent on specific use of cold compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after at which the patient was authorized for a modified 7 days post-op treatment. The Postoperative seven day rental Vascutherm Cold therapy is not medically necessary and appropriate.

Oxycontin 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, page(s) page 74-96, On-Going Management. Actio.

Decision rationale: This 53 year-old patient sustained an injury on 10/23/09 while employed by [REDACTED]. Request(s) under consideration include Postoperative seven day rental Vascutherm Cold therapy and Oxycontin 10mg #60. Diagnoses include rotator cuff sprain, neck sprain, and shoulder joint pain. The patient is s/p two prior shoulder surgeries (arthroscopic and open) on 3/30/10 and 4/26/11 without benefit. MRI of right shoulder dated 7/19/12 showed high-grade partial-thickness articular surface tear of supraspinatus tendon with large full-thickness components and some degree of delamination; ac joint osteoarthritis. Report from the provider noted the patient with constant sharp pain with decreased range of motion in flexion of 90 degrees and internal rotation to buttocks and can barely lift-off. Surgical treatment included latissimus transfer which was authorized along with 1-2 inpatient stay, meds (Percocet), pre-op clearance; and post-op rental of vascutherm of 14 days. Request(s) for Postoperative rental Vascutherm Cold therapy was modified for 7 days and Oxycontin 10mg #60 was non-certified on 3/12/14 citing guidelines criteria and lack of medical necessity. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The patient was also recently authorized Percocet, another opiate without demonstrated need for multiple opiates as pain symptoms are manageable. The Oxycontin 10mg #60 is not medically necessary and appropriate.