

Case Number:	CM14-0039087		
Date Assigned:	06/27/2014	Date of Injury:	12/21/2011
Decision Date:	07/28/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/03/2014

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 and Rehabilitation, 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:

This is a patient with a date of injury of 12/21/11. A utilization review determination dated 3/18/14 recommends conditional non-certification of a pain pump, abduction pillow, cold therapy system, and DVT prevention system. A 1/23/14 medical report identifies that the patient received an authorization for a right shoulder arthroscopy with subacromial decompression, as well as an arthrotomy with rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Non-programmable pain pump: 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 Official Disability Guidelines indicate that non-programmable 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 postoperative pain control using oral,

intramuscular or intravenous measures. In light of the above, the request a non-programmable pain pump is not medically necessary.

One (1) pro-sling with abduction pillow: Overturned

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 abduction pillow sling.

Decision rationale: The Official Disability Guidelines indicate that postoperative abduction pillow slings are recommended as an option following an open repair of large and massive rotator cuff tears, but not for arthroscopic repairs. Within the documentation available for review, there is documentation of a pending shoulder surgery, including an open repair of a full-thickness rotator cuff tear. In light of the above, the request for one (1) pro-sling with abduction pillow is medically necessary.

One (1) Q-Tech cold therapy recovery system, with wrap for twenty-one (21) days: 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, Continuous-flow cryotherapy.

Decision rationale: The Official Disability Guidelines indicate that continuous-flow cryotherapy is recommended as an option after surgery for up to seven (7) days, including home use. Within the documentation available for review, there is no clear rationale for the use of the device beyond the seven (7) days that would be supported by guidelines. In light of the above issues, the request for one (1) Q-Tech cold therapy recovery system, with wrap for twenty-one (21) days is not medically necessary.

One (1) Q-Tech DVT prevention system for twenty-one (21) days: 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, Venous Thrombosis Section.

Decision rationale: The Official Disability Guidelines indicate that the administration of deep vein thrombosis (DVT) prophylaxis is not generally recommended in shoulder arthroscopy

procedures as the risk of developing DVT is very small. There is also no documentation that shows evidence of a high risk of developing venous thrombosis, such that prophylactic measures would require consideration. In light of the above issues, the request for one (1) Q-Tech DVT prevention system for twenty-one (21) days is not medically necessary.