

Case Number:	CM14-0055845		
Date Assigned:	08/08/2014	Date of Injury:	09/10/2013
Decision Date:	10/20/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/25/2014

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 Texas. 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 injured worker is a 54 year old female whose date of injury is 09/10/2013. On this date the injured worker was driving a bus when she lost consciousness and collided with a freeway wall. The injured worker has been certified for left shoulder arthroscopy with arthroscopic subacromial decompression and debridement as well as RN evaluation for wound check and probable pain pump removal only, 7 day rental of a cold therapy unit, 30 day rental of a TENS unit, ultrasling, pain pump for 3-5 days postoperatively and postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN Evaluation for Post-Operative Home Health Care for the Purpose of Wound Cleaning and Assistance with Daily Living Activities (8 Hours Daily for 4 Weeks, Followed by 4 Hours a Day for 2 Weeks): 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 (updated 03/31/14): Home health services

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, Page(s): 51.

Decision rationale: Based on the clinical information provided, the request for RN evaluation for postoperative home health care for the purpose of wound cleaning and assistance with daily living activities (8 hours daily for 4 weeks, followed by 4 hours a day for 2 weeks) is not recommended as medically necessary. The injured worker has been certified for left shoulder arthroscopy with arthroscopic subacromial decompression and debridement as well as RN evaluation for wound check and probable pain pump removal only, 7 day rental of a cold therapy unit, 30 day rental of a TENS unit, ultrasling, pain pump for 3-5 days postoperatively and postoperative physical therapy. The submitted records fail to establish that the injured worker is homebound on a part time or intermittent basis as required by CA MTUS guidelines. The requested hours for home health services are in excess of CA MTUS recommendations.

Motorized Cold Therapy Unit for Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Shoulder Complaints - Pages 555-556, Official Disability Guidelines: Shoulder (updated 03/31/14): Continuous-flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Shoulder Chapter, Continuous flow cryotherapy

Decision rationale: Based on the clinical information provided, the request for motorized cold therapy unit for purchase is not recommended as medically necessary. The injured worker has been certified for left shoulder arthroscopy with arthroscopic subacromial decompression and debridement as well as RN evaluation for wound check and probable pain pump removal only, 7 day rental of a cold therapy unit, 30 day rental of a TENS unit, ultrasling, pain pump for 3-5 days postoperatively and postoperative physical therapy. The Official Disability Guidelines would support up to 7 day rental in the postoperative period which has previously been authorized. There is no clear rationale provided to support exceeding ODG recommendations.

Combo STIM, Electrotherapy Unit: 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 (updated 03/31/14): Ultrasound, therapeutic; TENS (transcutaneous electrical nerve stimulation); Interferential current stimulation (ICS); Neuromuscular electrical stimulation (NMES devices), <http://www.ncbi.nlm.nih.gov/pubmed/23381757> - Russian stimulation in strengthening abdominal muscle

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Transcutaneous electrotherapy, Page(s): pages 114-117.

Decision rationale: Based on the clinical information provided, the request for combo STIM, electrotherapy unit is not recommended as medically necessary. The injured worker has been certified for left shoulder arthroscopy with arthroscopic subacromial decompression and debridement as well as RN evaluation for wound check and probable pain pump removal only, 7

day rental of a cold therapy unit, 30 day rental of a TENS unit, ultrasling, pain pump for 3-5 days postoperatively and postoperative physical therapy. The injured worker's response to the 30 day trial of TENS is not documented to establish efficacy of treatment in accordance with CA MTUS guidelines.

DVTMax Unit for 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 (updated 03/31/14): Venous thrombosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Shoulder Chapter, Venous Thrombosis

Decision rationale: Based on the clinical information provided, the request for DVTMax unit for purchase is not recommended as medically necessary. The injured worker has been certified for left shoulder arthroscopy with arthroscopic subacromial decompression and debridement as well as RN evaluation for wound check and probable pain pump removal only, 7 day rental of a cold therapy unit, 30 day rental of a TENS unit, ultrasling, pain pump for 3-5 days postoperatively and postoperative physical therapy. The Official Disability Guidelines note that deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery.

30 Day Rental of a Continuous Passive Motion (CPM): 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 (updated 03/31/14): Continuous passive motion (CPM)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Shoulder Chapter, Continuous passive motion

Decision rationale: Based on the clinical information provided, the request for 30 day rental of a continuous passive motion is not recommended as medically necessary. The injured worker has been certified for left shoulder arthroscopy with arthroscopic subacromial decompression and debridement as well as RN evaluation for wound check and probable pain pump removal only, 7 day rental of a cold therapy unit, 30 day rental of a TENS unit, ultrasling, pain pump for 3-5 days postoperatively and postoperative physical therapy. The Official Disability Guidelines note that these units are not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. There is no documentation of adhesive capsulitis.

Ultra 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 ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Shoulder Complaints Pages 561-563, Official Disability Guidelines, Shoulder (updated 03/31/14): Postoperative abduction pillow sling

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Shoulder Chapter, Postoperative abduction pillow sling

Decision rationale: Based on the clinical information provided, the request for ultra sling with abduction pillow is not recommended as medically necessary. The injured worker has been certified for left shoulder arthroscopy with arthroscopic subacromial decompression and debridement as well as RN evaluation for wound check and probable pain pump removal only, 7 day rental of a cold therapy unit, 30 day rental of a TENS unit, ultrasling, pain pump for 3-5 days postoperatively and postoperative physical therapy. The submitted records fail to document that the injured worker will require a repair of a massive rotator cuff tear as required by the Official Disability Guidelines and therefore medical necessity of the ultra sling with abduction pillow is not established.