

Case Number:	CM14-0058637		
Date Assigned:	07/09/2014	Date of Injury:	01/16/2012
Decision Date:	09/03/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/29/2014

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 Emergency 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 injured worker is a 59 year-old male, who sustained an injury on January 16, 2012. The mechanism of injury was not noted. Diagnostics have included: May 23, 2013 shoulder MRI was reported as showing a full thickness tear of the supraspinatus tendon with labral fissuring. Treatments have included: medications, physical therapy. The current diagnoses are: neck strain/sprain, brachial neuritis, elbow contusion, lumbar strain/sprain, lumbosacral neuritis/radiculitis, cervical radiculopathy, shoulder impingement, recurrent rotator cuff tear. The stated purpose of the request for DVT system was to provide peri-operative thrombosis prophylaxis. The request for DVT system was denied on April 21, 2014 noting that DVT prophylaxis is not guideline supported for shoulder arthroscopy and the injured worker should be able to ambulate after the procedure, and the injured worker does not have documented high risk thrombosis factors. The stated purpose of the request for Pro Sling was to provide post-operative shoulder immobilization. The request for Pro Sling was denied on April 21, 2014, noting that the treating physician has also requested an abduction pillow device which should adequately immobilize the shoulder. The stated purpose of the request for Pain pump was to provide post-operative pain relief. The request for Pain pump was denied on April 21, 2014, noting that the use of a postoperative pain pump following shoulder arthroscopy is not guideline supported with no proven significant benefit. Per the report dated May 22, 2014, the treating physician noted that the injured worker did undergo left shoulder rotator cuff repair in April 2014. Per the report dated April 4, 2014, the treating physician noted that the injured worker's left shoulder surgery was cancelled due to uncontrolled diabetes. The injured worker complained of chronic left shoulder pain. Exam showed pain on left shoulder elevation at 95 degrees with a positive impingement and Hawkins sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT system: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Work loss data institute, LLC;Corpus Christi, TX; www.odg-twc.com; section shoulder(Acute & Chronic)(updated 3/31/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Venous Thrombosis.

Decision rationale: CA MTUS is silent on this issue. ODG, Shoulder (Acute & Chronic), Venous Thrombosis, noted: "Recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee and depends on: (1) invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk but arthroplasty would be higher risk); (2) the postoperative immobilization period; & (3) use of central venous catheters. Upper extremity deep vein thrombosis (UEDVT) may go undetected since the problem is generally asymptomatic. The incidence of UEDVT is much less than that of the lower extremity DVT possibly because: (a) fewer, smaller valves are present in the veins of the upper extremity, (b) bedridden patients generally have less cessation of arm movements as compared to leg movements, (c) less hydrostatic pressure in the arms, & (d) increased fibrinolytic activity that has been seen in the endothelium of the upper arm as compared to the lower arm." The injured worker has chronic left shoulder pain. The treating physician has documented pain on left shoulder elevation at 95 degrees with a positive impingement and Hawkins sign. DVT prophylaxis is not guideline supported for shoulder arthroscopy and the treating physician has not documented that the injured worker would not be able to ambulate after the procedure, and the treating physician has not documented that the injured worker has high risk thrombosis factors. The criteria noted above not having been met, therefore the request for DVT system is not medically necessary.

Pro Sling: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Work loss data institute, LLC;Corpus Christi, TX; www.odg-twc.com; section shoulder(Acute & Chronic)(updated 3/31/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Immobilization, Postoperative abduction pillow sling.

Decision rationale: CA MTUS is silent on this issue. Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Immobilization, Postoperative abduction pillow sling, recommends no more than short-term immobilization of the shoulder joint and only recommends a postoperative abduction pillow sling "as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs." The injured worker has chronic left shoulder pain. The treating physician has documented pain on left shoulder elevation at 95 degrees with a positive impingement and Hawkins sign. The treating physician has also requested an abduction pillow device which should adequately immobilize the shoulder. The treating physician has not documented the medical necessity for two concurrent post-operative immobilization devices. Further, postoperative abduction pillow slings are not guideline supported for arthroscopic repairs. The criteria noted above not having been met, therefore the requested Pro Sling is not medically necessary.

Pain pump: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Work loss data institute, LLC;Corpus Christi, TX; www.odg-twc.com; section shoulder(Acute & Chronic)(updated 3/31/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Post-Operative Pain Pump.

Decision rationale: CAMTUS is silent. Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Post-Operative Pain Pump, noted that a post-operative pain pump is "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." The injured worker has chronic left shoulder pain. The treating physician has documented pain on left shoulder elevation at 95 degrees with a positive impingement and Hawkins sign. The use of a postoperative pain pump following shoulder arthroscopy is not guideline supported with no proven significant benefit. The treating physician has not documented the medical necessity for this interventional post-operative pain relief procedure versus oral and other parenteral post-operative analgesia. The criteria noted above not having been met, therefore the requested Pain pump is not medically necessary.