MAXIMUS Federal Services

Case Number:	CM14-0063999		
Date Assigned:	07/11/2014	Date of Injury:	11/02/2011
Decision Date:	09/26/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/06/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 2, 2011.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychological counseling; unspecified amounts of physical therapy; earlier shoulder surgery of February 28, 2014; and extensive periods of time off of work. In a Utilization Review Report dated April 18, 2014, the claims administrator denied a request for a Q-Tech DVT prevention system for 21 days, denied a request for a non-programmable pain pump, and denied a request for pro-sling abduction pillow. The applicant's attorney subsequently appealed. In a May 21, 2014 progress note, the applicant was described as status post left shoulder rotator cuff repair surgery of February 2014. This was a revision surgery, it was noted. 110 degrees of shoulder flexion was noted, with discomfort. Physical therapy was endorsed. The applicant's work status was not furnished on this occasion. An earlier note dated March 17, 2014; the applicant was described as off of work, on total temporary disability, owing to ongoing complaints of shoulder, low back, and knee pain. The applicant also had derivative complaints of psychological stress, insomnia, and weight gain, it was acknowledged. The applicant last worked in September 2011, it was further noted. The applicant's past medical history was notable for asthma, hypertension, benign prostatic hypertrophy, and gastritis. The applicant was asked to continue conservative treatment for his low back issues. The operative report of February 20, 2014 was reviewed. The applicant did undergo a left shoulder diagnostic arthroscopy, extensive synovectomy, chondroplasty of the glenoid, shoulder arthrotomy, open subacromial decompression and resection of the coracoacromioclavicular ligament, rotator cuff repair surgery, injection of glenohumeral joint, application of brace, and placement of a pain pump.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Raffaele Garofalo et al.

Decision rationale: The MTUS does not address the topic. As noted by Garofalo, however, the current guidelines do not advise administration of DVT prophylaxis in shoulder arthroscopy procedures. In this case, it is further noted that the applicant had no history of prior DVT, hematologic disorder, blood dyscrasia, cancer, or other hypercoagulable state which would predispose the applicant toward development of a postoperative DVT following a shoulder arthroscopy procedure on February 28, 2014. Therefore, the request was not medically necessary.

Q-tech cold therapy recovery w/ wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: The MTUS does not address the topic. While ODG's Shoulder Chapter Continuous-flow Cryotherapy topic does support postoperative usage of continuous-flow cryotherapy for up to seven days, in this case, however, the attending provider seemingly sought authorization to purchase the device in question. This was not indicated, as ODG notes that complications associated with overuse of cryotherapy can include frostbite, which is admittedly rare but can be extremely devastating. No rationale for purchase of the device in question was furnished in the face of ODG's unfavorable position on the same. Therefore, the request was not medically necessary.

Pro sling with abduction pillow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Postoperative Abduction Pillow Sling.

Decision rationale: The MTUS does not address the topic of postoperative sling usage, although the MTUS Guideline in ACOEM Chapter 9, page 204 does acknowledge that usage of a sling for acute pain is an option following development of a rotator cuff tear. It is further noted that ODG's Shoulder Chapter, Postoperative Abduction Pillow Sling topic also notes that such slings are recommended as an option following open repair of large and massive rotator cuff tears. In this case, the applicant did, in fact, undergo an open rotator cuff repair surgery, following an earlier previously failed surgery. Provision of the postoperative sling and pillow was indicated to take tension off of the repaired tendon, as suggested by ODG. Therefore, the request was medically necessary.

Non-programmable pain pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

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

Decision rationale: The MTUS does not address the topic. As noted in ODG's Shoulder Chapter, Postoperative Pain Pump topic, postoperative pain pumps are "not recommended." ODG goes on to note that there is insufficient evidence to conclude that direct infusion of pain medications via a pain pump is as effective or more effective than conventional preoperative or postoperative pain control using oral, intramuscular, or intravenous measures. In this case, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence so as to offset ODG's unfavorable position on the request at issue. Therefore, the request was not medically necessary.