

Case Number:	CM14-0067281		
Date Assigned:	07/14/2014	Date of Injury:	03/10/2009
Decision Date:	09/12/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 claimant injured her right shoulder on 03/10/09. A Q-Tech cold therapy recovery system with wrap and Q-Tech DVT prevention system for 21 days, Pro-Sling with abduction pillow purchase and nonprogrammable pain pump purchase are all under review. The request was modified. The claimant was seen by [REDACTED] on 03/03/14 following 02/07/14 shoulder surgery (diagnostic arthroscopy with Synovectomy, Chondroplasty of the Glenoid, Arthrotomy of the shoulder, open subacromial decompression and repair of a rotator cuff tear with injection of the glenohumeral joint and placement of pain pump.) Patient received a brace; she reported improvement in range of motion but continuing pain. Her abduction was less than 90 Q-Tech cold therapy recovery system was modified to a seven-day rental. The DVT prevention system, Pro-sling with abduction pillow purchase and nonprogrammable pain pump were non-certified. 18 postop PT visits were ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech Cold Therapy Recovery System with Wrap x 21 days 6-8 hours or as needed:

Upheld

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

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

Decision rationale: The history and documentation do not objectively support the request for a 21 day postop rental of a Q-Tech cold therapy recovery system with wrap x 21 days 6-8 hours per day or as needed. The MTUS do not address this type of device for postop use. The ODG state "continuous-flow cryotherapy may be recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g. muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs." In this case, there is no evidence of outlier status or a need to continue use of this type of device for a prolonged period of time. No complications were documented. The medical necessity of this type of device for 21 days has not been clearly demonstrated but a modification to a 7 day rental as per the ODG can be recommended.

Q-Tech DVT Prevention System x 21 days 6-8 hours or as needed: Upheld

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

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

Decision rationale: The history and documentation do not objectively support the request for a Q-Tech DVT Prevention System x 21 days for 6-8 hours per day or as needed. The MTUS do not address this type of device but the ODG state "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. It is recommended to treat patients of asymptomatic mild UEDVT with anticoagulation alone and patients of severe or extensive UEDVT with motorized mechanical devices in conjunction with pharmacological thrombolysis, without delay beyond 10-14 days. Upper extremity DVT is much less studied compared to lower extremity DVT and the diagnostic and therapeutic modalities still have

substantial areas that need to be studied. (Saseedharan, 2012) Although it is generally believed that venous thromboembolism (VTE) after shoulder surgery is very rare, there are increasing reports of deep venous thrombosis (DVT) and pulmonary embolism (PE) associated with shoulder surgery. (Ojike, 2011) Deep vein thrombosis (DVT) has an incidence of 1 case per 1000 and it is very rare after arthroscopy of the shoulder. The administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. (Garofalo, 2010) On the other hand, the prevalence of DVT after reconstructive shoulder arthroplasty was 13%, compared to 27% after knee arthroplasty. (Willis, 2009) While the absolute rate of upper extremity deep vein thrombosis is low, the incidence is increasing due to more widespread use of peripherally inserted central venous catheters, according to a recent systematic review. A diagnostic algorithm using a clinical prediction score, D-dimer testing, and ultrasound can predict upper extremity deep vein thrombosis. The scoring system gives one point each for presence of venous material (such as a catheter), localized pain, and unilateral pitting edema, and subtracts one point if there is a plausible alternative diagnosis. For patients who score one point or less, the initial test of the algorithm is a serum D-dimer which if negative can rule out DVT. If the D-dimer is elevated, then a compression ultrasound is done. For patients with a score of 2 or 3, the algorithm starts with a compression ultrasound. If that is positive, DVT is diagnosed, but if negative, a D-dimer test is also obtained to confirm the absence of DVT."In this case, there is no evidence that an increased risk of DVT was identified and the system was ordered accordingly. There is no documentation of a history of DVT or other medical conditions that placed the claimant at increased risk of this type of postop complication. The medical necessity of this request has not been clearly demonstrated.

Pro-Sling w/ Abduction Pillow 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder, Pro-Sling with Abduction Pillow.

Decision rationale: The history and documentation do not objectively support the request for a Pro-Sling with abduction pillow purchase. The ODG state they are "recommended 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." In this case, there is no documentation of a large or massive tear and arthroscopic surgery was done. There is no indication described in the records for this type of device and none can be ascertained. The medical necessity of the purchase of a Pro-Sling with Abduction Pillow postoperatively has not been clearly demonstrated.

Non-Programmable Pain Pump 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder, postoperative pain pump.

Decision rationale: The history and documentation do not objectively support the request for a postoperative pain pump. The ODG state they are "not recommended. Three recent moderate quality RCTs did not support the use of pain pumps. Before these studies, evidence supporting the use of ambulatory pain pumps existed primarily in the form of small case series and poorly designed, randomized, controlled studies with small populations. Much of the available evidence has involved assessing efficacy following orthopedic surgery, specifically, shoulder and knee procedures. A surgeon will insert a temporary, easily removable catheter into the shoulder joint that is connected to an automatic pump filled with anesthetic solution. This "pain pump" was intended to help considerably with postoperative discomfort, and is removed by the patient or their family 2 or 3 days after surgery. 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." There is no explanation in the records for this type of device and no indication can be ascertained from the file. There is no evidence of outlier status. The medical necessity of this request has not been demonstrated.