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| Case Number: | CM14-0069127 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 02/28/2011 |
| Decision Date: | 08/20/2014 | UR Denial Date: | 04/16/2014 |
| Priority: | Standard | Application Received: | 05/14/2014 |

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:

This is a 60-year-old male who sustained injury on 02/28/2011 to his neck, back, shoulders, and upper extremity resulting from a fall accident. Treatment history includes postoperative physical therapy, cortisone injection to left shoulder, and medications including Prilosec, Relafen, Terocin patch, and Ultram. The patient had left shoulder arthroscopic surgery with open revision subacromial decompression, rotator cuff repair, and placement of pain pump on 03/07/2014. A progress report dated 03/17/2014 indicates that he still complaining of residual pain after recent surgery of the left shoulder. The patient is indicating that his pain is dissipating. He is using the sling. The dressing was removed today. The patient can begin showering. He should begin range of motion exercises passively. The patient's medications were provided and recommended to use a least amount of medications on an as-needed basis to control his symptoms. The patient was recommended to avoid opioid medications. The patient should remain off of work. He was diagnosed with cervical radiculopathy, lumbosacral radiculopathy, and shoulder rotator cuff tear. A progress report dated 04/28/2014 indicates he reports that his symptoms have worsened into left upper extremity and now had pain into right upper extremity and constant pain back. On examination, there was tenderness with swelling and 2 inches post-surgical scar at superior left shoulder. There was tenderness of right bicep tendon noted. There was tenderness of bilateral cervical spine, thoracic spine, LBS paraspinal muscles. There was tenderness of left hip, bilateral knee medial and infrapatellar. Range of motion of left shoulder, cervical spine, and lumbar spine decreased. UR report dated 04/16/2014 indicates that the request for DVT prevention system was denied since the medical record provided did not document of medical rationale indicating risk factors supporting the need for DVT prophylaxis with this shoulder surgery. The request for pain pump was also denied since ODG does not recommend pain pumps as current outcome base studies had not shown findings supporting their use.

IMR ISSUES, DECISIONS AND RATIONALES

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

QTech DVT prevention system: 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 Chapter, Compression Garments.

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

Decision rationale: This is a request for a QTech DVT prevention system for post-operative use for a 60-year-old male who underwent open left shoulder rotator cuff repair surgery on 3/7/14. However, according to ODG guidelines, compression garments are not generally recommended in the shoulder as DVT and pulmonary embolism are rare following upper extremity surgery. Medical records do not discuss coagulopathy risk factors nor is a rationale provided specific to this patient. Therefore, QTech DVT (Deep Venous Thrombosis) prevention system is not medically necessary.

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, Shoulder Chapter, Postoperative pain pump.

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: This is a request for purchase of a non-programmable pain pump for postoperative use for a 60-year-old male who underwent open left shoulder rotator cuff repair surgery on 3/7/14. However, according to ODG guidelines, postoperative pain pumps are not recommended. Three recent moderate-quality RCT's did not support their use. Therefore, NON Programmable Pain Pump Purchase is not medically necessary.