

<b>Case Number:</b>	CM14-0073306		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 54 year old male whose date of injury is 07/31/2012. The mechanism of injury is described as moving a heavy patient from a bed to a chair. Diagnoses are sprain of neck, sprain thoracic region, sprain lumbar region, and lumbosacral neuritis. The injured worker underwent right shoulder arthroscopic subacromial decompression on 03/20/14. The injured worker was recommended for postoperative [REDACTED] cold therapy recovery system, [REDACTED] DVT prevention system, Pro sling abduction pillow and non-programmable pain pump. Follow up report dated 04/07/14 indicates that shoulder range of motion is decreased and strength is rated as 4/5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] cold therapy recovery system wrap: 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 Chapter, Continuous-flow cryotherapy

**Decision rationale:** Based on the clinical information provided, the request for [REDACTED] cold therapy recovery system wrap is not recommended as medically necessary. The submitted records indicate that the injured worker underwent surgery to the right shoulder in March. The Official Disability Guidelines support continuous flow cryotherapy for up to 7 days postoperatively. Therefore, the request is not medically necessary.

**[REDACTED] DVT prevention system:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the clinical information provided, the request for [REDACTED] DVT prevention system is not recommended as medically necessary. The injured worker underwent right shoulder surgery in March 2014. The Official Disability Guidelines note that compression garments are not generally recommended in the shoulder. 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. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. Therefore, the request is not medically necessary.

**Pro sling abduction pillow:** 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

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

**Decision rationale:** Based on the clinical information provided, the request for Pro sling abduction pillow is not recommended as medically necessary. The injured worker underwent right shoulder arthroscopy in March 2014. The Official Disability Guidelines note that postoperative abduction pillow slings are recommended as an option following open repair of large and massive rotator cuff tears. Therefore, the request is not medically necessary.

**Nonprogrammable 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 Shoulder Chapter

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

**Decision rationale:** The request for nonprogrammable pain pump is not recommended as medically necessary. The submitted records indicate that the injured worker underwent right shoulder arthroscopy on 03/28/14. The Official Disability Guidelines note that postoperative pain pumps are not recommended. Three recent RCTs did not support the use of these pain pumps. One study neither supports nor refutes the use of infusion pumps. Another study concluded that infusion pumps did not significantly reduce pain levels. Given the lack of support in the Official Disability Guidelines, the requested pain pump is not medically necessary.