

Case Number:	CM14-0076552		
Date Assigned:	07/18/2014	Date of Injury:	08/16/2013
Decision Date:	09/24/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/27/2014

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 patient is a 37 year-old male with date of injury 08/16/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/01/2014, lists subjective complaints as significant pain in the left shoulder and pain in the low back with radicular symptoms down both legs. Patient is status post arthroscopic partial synovectomy, chondroplasty of the glenoid, subacromial decompression with CA ligament resection on 03/21/2014. Objective findings: Examination of the left shoulder revealed tenderness to palpation over the AC joint with deformity over the joint. Decreased range of motion was noted with abduction of less than 100 degrees. Lumbar spine: Tenderness to palpation with spasm of the paravertebral musculature with decreased range of motion. Decreased sensation was noted over the left L5 dermatome with pain. Diagnosis: 1. Shoulder region disorders, 2. Lumbar disc displacement, 3. Disc displacement without myelopathy, 4. Lumbosacral radiculopathy, and 5. Shoulder strain/sprain. The patient has undergone 18 sessions of physical therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 days of rental of Q-tech Cold Therapy Recovery System with 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-Continuous-flow cryotherapy.

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), Continuous-flow cryotherapy.

Decision rationale: The Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The request exceeds that which is recommended in the Guidelines. Such as, 21 days of rental of Q-tech Cold Therapy Recovery System with wrap.

21 days of rental of Q-tech 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-Treatment Guidelines Venous thrombosis.

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: The Official Disability Guidelines recommends 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. There is no documentation of a risk assessment for deep venous thrombosis in the medical record. Therefore, 21 days of rental of Q-tech DVT prevention system is not medically necessary.

A non programmable pain pump, for use for 3 days immediately following SX: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Guidelines 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 (Acute & Chronic), Postoperative Pain Pump.

Decision rationale: According to the Official Disability Guidelines, postoperative pain pumps are no longer recommended. Three recent moderate quality RCTs did not support the use of pain pumps. 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. Postoperative pain pump is not medically necessary.

