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| Case Number: | CM14-0076764 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 02/19/2013 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 05/13/2014 |
| 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 49-year-old female with a work injury dated 2/19/13. The injury occurred when a robber pushed the patient at work causing her to fall and sustain multiple trauma including a head injury, a right shoulder injury, neck and low back injury, elbow and hand injury. The relevant diagnoses for this review include an arthroscopic shoulder surgery with subacromial decompression distal clavicle excision, debridement synovectomy, and repair of complete rotator cuff rupture performed on 3/28/14. Under consideration is a request for Pro Sling Purchase, Abduction Pillow Purchase, To Wear Day For 3-6 Weeks, durable medical equipment (DME)- Qtech Cold Therapy For Home Use Up To 35 Days For 6-8 Hours Or As Needed; Qtech deep vein thrombosis (DVT) Prevention System, Half Arm Wrap Purchase, DME- Universal Therapy Wrap; DME-X Force Stim Rental 30 Day Trial, Purchase If Patient Receives Positive Outcomes, DME- Plus 3 Months Supplies, DME- Conductive Garmet (2); DME- Shoulder CPM Unit Rental 30 Day Rental. Use Daily 6-8 Hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

- Pro Sling Purchase, Abduction Pillow Purchase, To Wear Day For 3-6 Weeks, Dme-Qtech Cold Therapy For Home Use Up To 35 Days For 6-8 Hours Or As Needed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. 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; Postoperative abduction pillow sling.

Decision rationale: The MTUS does not address a sling or abduction pillow postoperatively. A postoperative abduction pillow sling is recommended by the ODG. The guidelines states that a postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears. The MTUS does not specifically discuss cooling devices but does advocate at home application of ice packs in acute conditions. The ODG states that continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The request asks for both the Qtech cold therapy system for 35 days which is not medically necessary and the sling as well (which was determined to be medically necessary). If one of the items is not medically necessary in this case, the entire request is not considered medically necessary. Pro Sling purchase, abduction pillow Purchase, to wear for 3-6 Weeks, Dme- Qtech Cold Therapy For Home Use Up To 35 Days For 6-8 Hours Or As Needed are not medically necessary per the ODG guidelines.

Qtech DVT Prevention System, Half Arm Wrap Purchase, DME- Universal Therapy 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 - Shoulder Arthroscopy.

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: The MTUS does not address this issue. The ODG states 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. The documentation does not indicate that the patient is at a high risk for venous thrombosis. Qtech DVT Prevention System, Half Arm Wrap Purchase, DME- Universal Therapy Wrap is not medically necessary per the ODG Guidelines.

DME-X Force Stim Rental 30 Day Trial, Purchase If Patient Receives Positive Outcomes, DME- Plus 3 Months Supplies, DME- Conductive Garmet (2): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-116.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines it states that a one-month trial period of a TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this time. The documentation submitted does not reveal the use of and outcomes recommended prior to having a purchase. Additionally, there should be a treatment plan including the specific short- and long-term goals of treatment with the TENS unit documented. The above documentation does not submit evidence of a treatment plan or an ongoing documented program of evidence based functional restoration. Therefore the request for DME-X Force Stim Rental 30 day trial purchase DME- Plus 3 Months Supplies, DME- Conductive Garmet (2) is not medically necessary.

DME- Shoulder CPM Unit Rental 30 Day Rental. Use Daily 6-8 Hours: 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 Surgery.

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 passive motion (CPM).

Decision rationale: The MTUS Guidelines do not address this issue. The ODG states that CPM is not recommended after shoulder surgery or for nonsurgical treatment for rotator cuff tears. The ODG states that this can be used as an option for adhesive capsulitis which the patient does not have. The request for DME- Shoulder CPM Unit Rental 30 Day Rental Use Daily 6-8 Hours is not medically necessary.