

Case Number:	CM14-0076875		
Date Assigned:	08/08/2014	Date of Injury:	03/12/2012
Decision Date:	10/16/2014	UR Denial Date:	05/02/2014
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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 62 year old female who was injured at work on 03/12/2012. The injured worker continued to suffer from persistent pain in her left shoulder together with inability to reach above her left shoulder despite conservative measures. Her physical examination revealed tenderness in the subacromial area, weakness and resistance to flexion and abduction. The MRI of the left shoulder revealed almost complete tear of the supraspinatus and infraspinatus tendons with impingement of the distal clavicle, and into the distal rotator cuff tendon. She had an open surgery to her left shoulder on 04/21/2014. The surgery involved Left shoulder open acromioplasty with resection of CA ligament; open Munford distal clavicle resection; left shoulder arthrotomy, and open rotator cuff repair. The injured worker has been diagnosed of rotator cuff repair; Cervical sprain/Strain; Pain in Limb; Lumbar sprain/Strain; Shoulder sprain strain; Lumbosacral Radiculopathy. At dispute are the requests for Q-Tech Cold Therapy 21 day rental; Q-Tech DVT prevention system 21 day rental, half leg wrap; Half leg wrap; Universal Therapy Wrap for purchase ; Abduction Pillow for purchase ; On Q Pain Pump for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech Cold Therapy 21 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (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 Complaints >, <Insert Topic (Continuous-flow cryotherapy)>

Decision rationale: The injured worker sustained a work related injury on 03/12/2012. The medical records provided indicate the diagnosis of rotator cuff repair; Cervical sprain/Strain; Pain in Limb; Lumbar sprain/Strain; Shoulder sprain strain; Lumbosacral Radiculopathy. Treatments have included open left shoulder surgery due to failed conservative management. The medical records provided for review do not indicate a medical necessity for Q-Tech Cold Therapy 21 day rental. The Official Disability Guidelines does not recommend more than 7 days use of Continuous-flow cryotherapy after shoulder surgery. The requested treatment is not medically necessary.

Q-Tech DVT prevention system 21 day rental, half leg wrap: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (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 Other Medical Treatment Guideline or Medical Evidence: < 1.American academy of orthopedic surgeons. http://www.aaos.org/news/aaosnow/jan10/research1_t1.pdf. 2. Medscape <http://emedicine.medscape.com/article/1268573-overview> 3. VTE Guidelines for Shoulder and Elbow Surgery by the British Elbow and Shoulder Society (BESS)>

Decision rationale: The injured worker sustained a work related injury on 03/12/2012. The medical records provided indicate the diagnosis of rotator cuff repair; Cervical sprain/Strain; Pain in Limb; Lumbar sprain/Strain; Shoulder sprain strain; Lumbosacral Radiculopathy . Treatments have included open left shoulder surgery due to failed conservative management. The medical records provided for review indicate a medical necessity Q-Tech DVT prevention system 21 day rental, half leg wrap. While a consensus statement by the American Academy of Orthopedic Surgeons recommends either mechanical or chemical DVT prophylaxis in the pre-operative period of Glenohumoral surgery for osteoarthritis; the VTE Guidelines for Shoulder and Elbow Surgery by the British Elbow and Shoulder Society (BESS), recommends mechanical prophylaxis for any individual considered to be at moderate risk for DVT. The injured worker belongs to the moderate to high group classification based on the following: greater than 60 years, open shoulder surgery and BMI greater than 30 (her BMI is 56). The Medscape document recognizes shoulder surgery to be susceptible to Deep Vein Thrombosis. The requested treatment is medically necessary.

Half leg wrap: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (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 Other Medical Treatment Guideline or Medical Evidence: <1.American academy of orthopedic surgeons. http://www.aaos.org/news/aaosnow/jan10/research1_t1.pdf. 2. Medscape <http://emedicine.medscape.com/article/1268573-overview> 3. VTE Guidelines for Shoulder and Elbow Surgery by the British Elbow and Shoulder Society (BESS) >

Decision rationale: The injured worker sustained a work related injury on 03/12/2012. The medical records provided indicate the diagnosis of rotator cuff repair; Cervical sprain/Strain; Pain in Limb; Lumbar sprain/Strain; Shoulder sprain strain; Lumbosacral Radiculopathy. Treatments have included open left shoulder surgery due to failed conservative management. The medical records provided for review indicate a medical necessity Half leg wrap. While a consensus statement by the American Academy of Orthopedic Surgeons recommends either mechanical or chemical DVT prophylaxis in the pre-operative period of Glenohumeral surgery for osteoarthritis; the VTE Guidelines for Shoulder and Elbow Surgery by the British Elbow and Shoulder Society (BESS), recommends mechanical prophylaxis for any individual considered to be at moderate risk for DVT. The injured worker belongs to the moderate to high group classification based on the following: greater than 60 years, open shoulder surgery and BMI greater than 30 (her BMI is 54). The Medscape document recognizes shoulder surgery to be susceptible to Deep Vein Thrombosis. The requested treatment is medically necessary. y to be susceptible to Deep Vein Thrombosis. The requested treatment is medically necessary.

Universal Therapy Wrap for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (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 Other Medical Treatment Guideline or Medical Evidence: <1.American academy of orthopedic surgeons. http://www.aaos.org/news/aaosnow/jan10/research1_t1.pdf. 2. Medscape <http://emedicine.medscape.com/article/1268573-overview> 3. VTE Guidelines for Shoulder and Elbow Surgery by the British Elbow and Shoulder Society (BESS) 4. MDGuidelines, <http://www.mdguidelines.com/rotator-cuff-repair>>

Decision rationale: The injured worker sustained a work related injury on 03/12/2012. The medical records provided indicate the diagnosis of rotator cuff repair; Cervical sprain/Strain; Pain in Limb; Lumbar sprain/Strain; Shoulder sprain strain; Lumbosacral Radiculopathy . Treatments have included open left shoulder surgery due to failed conservative management. The medical records provided for review indicate a medical necessity for half leg wrap. While a consensus statement by the American Academy of Orthopedic Surgeons recommends either

mechanical or chemical DVT prophylaxis in the pre-operative period of Glenohumoral surgery for osteoarthritis; the VTE Guidelines for Shoulder and Elbow Surgery by the British Elbow and Shoulder Society (BESS), recommends mechanical prophylaxis for any individual considered to be at moderate risk for DVT. The injured worker belongs to the moderate to high group classification based on the following: greater than 60 years, open shoulder surgery and BMI greater than 30 (her BMI is 54). The Medscape document recognizes shoulder surgery to be susceptible to Deep Vein Thrombosis. However, the injured worker is expected to recover enough and be able to do light to medium duty job within 7-28 days. Therefore requested treatment is not medically necessary.

Abduction Pillow for purchase: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <MDguidelines; <http://www.mdguidelines.com/rotator-cuff-repair/rehabilitation> >

Decision rationale: The injured worker sustained a work related injury on 03/12/2012. The medical records provided indicate the diagnosis of rotator cuff repair; Cervical sprain/Strain; Pain in Limb; Lumbar sprain/Strain; Shoulder sprain strain; Lumbosacral Radiculopathy. Treatments have included open left shoulder surgery due to failed conservative management. The medical records provided for review indicate a medical necessity for Abduction Pillow. The MDGuidelines recommends immobilizing the arm and shoulder in a sling for up to 6 weeks post operatively after rotator cuff repair. This could be achieved by use of a sling with abduction pillow. The requested treatment is medically necessary.

On Q Pain Pump for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Post-operative 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) <Insert Section (Shoulder (Acute & Chronic))>, <Insert Topic (Pain Pump)>

Decision rationale: The injured worker sustained a work related injury on 03/12/2012. The medical records provided indicate the diagnosis of rotator cuff repair; Cervical sprain/Strain; Pain in Limb; Lumbar sprain/Strain; Shoulder sprain strain; Lumbosacral Radiculopathy. Treatments have included open left shoulder surgery due to failed conservative management. The medical records provided for review indicate a medical necessity for Q Pain Pump for purchase. The official Disability Guidelines recommends against the postoperative use of pain pumps. The request is not medically necessary.

