

Case Number:	CM14-0079024		
Date Assigned:	07/18/2014	Date of Injury:	04/08/2010
Decision Date:	08/25/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/29/2014

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 Orthopedic Surgery 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 61-year-old male sustained an industrial injury on 4/8/10. The mechanism of injury was not documented. Past surgical history included left knee arthroscopy on 10/14/11, left shoulder surgery on 7/2/12, and left carpal tunnel release on 1/17/13. The 2/10/13 MR arthrogram documented acromioclavicular osteoarthritis and supraspinatus tendinitis. There was no evidence of rotator cuff tear. The 1/30/14 treating physician progress report cited the right shoulder was considerably symptomatic. The patient had attempted extensive conservative treatment and had failed. Physical exam documented abduction less than 100 degrees with positive impingement test. Deltoid strength was 4/5. Right shoulder arthroscopy with subacromial decompression was recommended. Post-operative durable medical equipment was requested. The 4/4/14 venous thromboembolism risk assessment documented risk factors to include orthopedic surgery, scheduled arthroscopic surgery greater than 45 minutes, and age over 41. The prescription indicated that the unit was for use at the surgical facility only. The 5/15/14 utilization review modified the request for the Q-tech cold therapy system from 21 days use to 7 days use. The Pro-Sling with abduction pillow was modified to a generic shoulder sling. The requests for the pain pump and Q-tech DVT prevention system were denied based on an absence of guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q tech cold therapy recovery system with wrap, 21 days' rental: 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, Continuous flow cryotherapy.

Decision rationale: The California MTUS guidelines are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after shoulder surgery. Postoperative use generally may be up to 7 days, including home use. The 5/14/14 utilization review decision recommended partial certification of this cold therapy device for 7-day use. There is no compelling reason in the records reviewed to support the medical necessity of a cold device beyond the 7-day rental which is recommended by guidelines and was previously certified. Therefore, this request for the rental of a Q tech cold therapy recovery system with wrap for 21 days is not medically necessary.

Pro-sling with abduction pillow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative abduction pillow sling.

Decision rationale: The ACOEM guidelines state that the shoulder joint can be kept at rest in a sling if indicated. The Official Disability Guidelines state that post-operative abduction pillow slings are recommended as an option following open repair of large and massive rotator cuff tears. Guidelines generally support a standard sling for post-operative use. The 5/15/14 utilization review modified the request for a ProSling with abduction pillow, instead approving a generic shoulder sling. This patient does not have a rotator cuff tear. There is no compelling reason to support the medical necessity of a specialized abduction sling over a standard sling. Therefore, this request for Pro-sling with abduction pillow is not medically necessary.

A non-programmable 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.

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: The California MTUS guidelines are silent regarding pain pumps. The Official Disability Guidelines state that post-operative pain pumps are not recommended. Guidelines state there is insufficient evidence to conclude that direct infusion is as effective as,

or more effective than, conventional pre- or post-operative pain control using oral, intramuscular or intravenous measures. Three recent moderate-quality randomized controlled trials did not support the use of pain pumps. Given the absence of guideline support, this request for a non-programmable pain pump is not medically necessary.

Q-tech DVT prevention system (21-day rental): 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, Venous thrombosis.

Decision rationale: The California MTUS guidelines are silent with regard to the requested item and deep venous thrombosis (DVT) prophylaxis. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in upper extremity procedures. Guideline criteria have not been met. The patient had limited risk factors for venous thrombosis relative to the requested shoulder arthroscopic procedure. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Additionally, the surgeon indicated that need was limited to surgical facility use only. Therefore, this request for post-op Q Tech DVT prevention system for home use, 21-day rental, is not medically necessary.