

Case Number:	CM14-0091034		
Date Assigned:	07/25/2014	Date of Injury:	02/14/2005
Decision Date:	09/10/2014	UR Denial Date:	06/01/2014
Priority:	Standard	Application Received:	06/16/2014

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:

The claimant is a 54 year old female who sustained a vocational injury on 02/14/05 while working as a medical billing/data entry/customer service employee. The claimant underwent a right shoulder arthroscopy with subacromial decompression and a right de Quervain's release on 05/09/14. The current request is for a twenty-one day rental of Q Tech DVT Prevention System.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 day 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Worker's Comp; 2013 Updates; Shoulder chapter.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines recommend the use of anti-coagulation and DVT prophylaxis in the setting of shoulder and upper extremity intervention, only if there is documentation suggesting that there are existing co-morbidities, significant pre/intra/post-operative risks, or general inherent risks to the patient population for increased risk of deep vein thrombosis. In

general, the incidents of upper extremity deep vein thrombosis is much less than that of the lower extremity deep vein thrombosis, and subsequently, routine deep vein thrombosis prophylaxis in the form of anti-coagulation or compression garments are generally not considered medically necessary, unless there are extenuating circumstances provided. In the medical records provided for review, there is no documentation to indicate that this claimant has an inherent or increased risk for a deep vein thrombosis. Subsequently, based on the documentation presented for review and in accordance with Official Disability Guidelines, the request for a twenty-one day rental of a Q Tech DVT Prevention System cannot be considered medically necessary.

1 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-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); Treatment in Worker's Comp; 2013 Updates; Shoulder chapter.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines do not recommend the use of post-operative pain pumps. ODG states that there are no good quality studies of scientific literature available for review that support the use of pain pumps as medically reasonable. Therefore, based on the documentation presented for review and in accordance with Official Disability Guidelines, the request for the non-programmable pain pump cannot be considered medically reasonable in this setting.

1 Pro Sling with 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 (ODG) -post op abduction pillow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp; 2013 Updates; Shoulder chapter.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines support the use of post-operative abduction pillow slings in the setting following an open rotator cuff repair or a massive rotator cuff tear arthroscopically. The medical records provided for review indicates that the claimant underwent subacromial decompression. There is no documentation that the claimant also underwent open or massive rotator cuff repair. Therefore, the request for a pro sling with abduction pillow cannot be recommended as medically necessary.

1 Half Arm 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 (ODG) - compression garment, DVT prevention.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp; 2013 Updates; Shoulder chapter.

Decision rationale: The California MTUS and ACOEM Guidelines do not address a half arm wrap. The Official Disability Guidelines do not recommend compression garments or deep vein thrombosis prophylaxis following upper extremities surgical intervention unless there is specific documentation indicating that patients are at increased risk due to intra-operative complications, co-morbid conditions, or other inherent risks associated with deep vein thrombosis risk. Therefore, based on the Official Disability Guidelines, the request for the half arm wrap cannot be considered medically necessary.

1 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 (ODG) - cold compression garment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp; 2013 Updates; Shoulder chapter.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. The Universal Therapy Wraps are cold compression therapy wraps. Currently, Official Disability Guidelines do not support cold compression therapy as medically necessary, and subsequently, the request for a Universal Therapy Wrap cannot be considered medically necessary, based on the documentation presented for review.

1 Half Leg Wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-DVT prevention National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Compensation; 2013 Updates; Knee & Leg chapter.

Decision rationale: The California MTUS and ACOEM Guidelines do not apply. The documentation fails to establish that the claimant is at any increased risk for deep vein thrombosis in either the upper or the lower extremities following the right upper extremity surgical intervention back in 05/05/14. There was no documentation to reveal lower extremity

leg injuries associated with the risk of venous thrombosis and subsequently, the half leg wrap does not appear to be medically necessary, based on the documentation presented for review and in accordance with Official Disability Guidelines.