

Case Number:	CM14-0132902		
Date Assigned:	08/29/2014	Date of Injury:	04/11/2011
Decision Date:	04/14/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40 year old male sustained a work related injury on 04/11/2011. The injury occurred when he fell from a flood control channel, landing about 15 feet to the ground below. He landed on his left side and had immediate pain to the left shoulder, lower back and left hip. He underwent arthroscopy of the left shoulder in 2011 and left hip arthroscopic surgery in 2013. In 2013, the injured worker was involved in a motor vehicle accident and sustained bruising and pain to the left side of his body and both knees. According to a progress report dated 05/05/2014, the injured worker was still complaining of left-sided shoulder pain. Updated MRI studies of the left shoulder revealed a labral tear. There was a partial thickness rotator cuff tear. Examination of the left shoulder revealed abduction of 110 degrees and flexion at 90 degrees. The impingement was positive and there was weakness over the left shoulder with abduction and flexion. Diagnoses include pain in limb, shoulder region disorders not elsewhere classified, lumbosacral radiculopathy, shoulder tendinitis/bursitis and hip tendinitis/bursitis. On 07/23/2014, Utilization Review non-certified abduction pillow purchase, Q pain pump purchase, Q-Tech cold therapy system with wrap x 21 day rental, half arm wrap purchase, half leg wrap purchase and universal therapy wrap purchase and modified pro sling II purchase; all with the date of service 07/15/2014. In regard to the pro sling II, the claimant was approved for left shoulder revision arthroscopy and labral repair on 06/11/2014. Official Disability guidelines and CA MTUS ACOEM Practice Guidelines were referenced. In regard to the abduction pillow, there was no clear evidence that the claimant had massive rotator cuff tears. Official Disability guidelines and CA MTUS ACOEM Practice Guidelines were referenced. In regard to Q-tech cold therapy

system with wrap, there was limited information present which established that the requested unit was superior to oral prophylaxis/aspirin therapy and/or compression garment such as stockings. In addition guidelines indicated that cold compression therapy is not recommended for the shoulder. Official Disability guidelines and CA MTUS ACOEM Practice Guidelines were referenced. In regards to the half leg wrap, without the approval of the requested deep vein thrombosis prevention system, the medical necessity is not established. Official Disability guidelines and CA MTUS ACOEM Practice Guidelines were referenced. In regard to the universal therapy wrap, without approval of the requested cold compression unit, medical necessity was not established. Official Disability guidelines and CA MTUS ACOEM Practice Guidelines were referenced. In regard to the Q pain pump, there was 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. Official Disability guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abduction Pillow Purchase DOS 07/15/2014: Upheld

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

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 abduction pillow sling.

Decision rationale: The MTUS did not specifically address the post operative use of an abduction pillow and therefore other guidelines were consulted. Per the ODG, abduction pillows are recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. A review of the injured workers medical records show that he was approved for left shoulder revision arthroscopy and labral repair and there was no discussion of open reduction for large or massive tear. Therefore based on the guidelines the request for abduction pillow purchase DOS 07/15/2014 is not medically necessary.

Pro Sling Ii Purchase For DOS 07/15/2014: Overturned

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 Page(s): 213.

Decision rationale: The ACOEM in the MTUS recommends brief use of a sling for severe shoulder pain (1-2 days) with pendulum exercises to prevent stiffness in cases of rotator cuff

conditions. Prolonged use of a sling only for symptom control is not recommended. A review of the injured workers medical records show that he was approved for left shoulder revision arthroscopy and labral repair and the brief use of a sling in the immediate post operative period appears to be medically necessary and appropriate.

Q Pain Pump Purchase DOS 07/15/2014: Upheld

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

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: The MTUS/ ACOEM did not specifically address the use of post operative pain pumps therefore other guidelines were consulted. Per the ODG pain pumps are not recommended. Three recent moderate quality RCTs did not support the use of pain pumps. Before these studies, evidence supporting the use of ambulatory pain pumps existed primarily in the form of small case series and poorly designed, randomized, controlled studies with small populations. Much of the available evidence has involved assessing efficacy following orthopedic surgery, specifically, shoulder and knee procedures. A surgeon will insert a temporary, easily removable catheter into the shoulder joint that is connected to an automatic pump filled with anesthetic solution. This "pain pump" was intended to help considerably with postoperative discomfort, and is removed by the patient or their family 2 or 3 days after surgery. 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. Recent studies: Three recent RCTs did not support the use of these pain pumps. This study neither supports nor refutes the use of infusion pumps. (Banerjee, 2008) This study concluded that infusion pumps did not significantly reduce pain levels. (Ciccone, 2008) This study found no difference between interscalene block versus continuous subacromial infusion of a local anesthetic with regard to efficacy, complication rate, or cost. (Webb, 2007) Adverse reactions: A small case series (10 patients) concluded that use of intra-articular pain pump catheters eluting bupivacaine with epinephrine appear highly associated with postarthroscopic glenohumeral chondrolysis (PAGCL), and therefore intra-articular pain pump catheters should be avoided until further investigation. (Hansen, 2007) On the other hand, a retrospective study of 583 patients concluded that subacromial pain pumps used for arthroscopic shoulder procedures are safe in the short-term. (Busfield, 2008). A review of the injured workers medical records was not clear if this was going to be used intra-articularly or subacromially and without this information medical necessity cannot be established.

Q-TECH Cold Therapy System With Wrap X 21 Day Rental From DOS 07/15/2014: Upheld

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

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 MTUS did not specifically address the use of continuous-flow cryotherapy therefore other guidelines were consulted. Per the ODG, 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. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e, frostbite) are extremely rare but can be devastating. The request for Q-tech cold therapy system with wrap x 21 day rental from DOS: 7/15/2014 exceeds the guideline recommendation for 7 days and is not medically necessary.

Half Arm Wrap Purchase DOS 07/15/2014: Upheld

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

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).Cold compression therapy.

Decision rationale: The MTUS/ ACOEM did not specifically address the use of cold compression therapy and therefore other guidelines were consulted. Per the ODG cold compression therapy is not recommended in the shoulder, as there are no published studies. It may be an option for other body parts. There has been an RCT underway since 2008 to evaluate and compare clinical post-operative outcomes for patients using an active cooling and compression device (Game Ready), and those using ice bags and elastic wrap after acromioplasty or arthroscopic rotator cuff repair, but the results are not available. (NCT, 2013). Therefore based on the guidelines the request for half arm wrap purchase DOS 7/15/2014 is not medically necessary.

Half Leg Wrap Purchase DOS 7/15/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Cold compression therapy/Game Ready; 1/2 accelerated recovery system.

Decision rationale: The MTUS/ACOEM did not specifically address the use of cold compression therapy post-operatively and therefore other guidelines were consulted. Per the

ODG cold compression therapy is recommended as an option after surgery, but not for nonsurgical treatment. The Game Ready system combines Continuous-flow cryotherapy with the use of vaso-compression. While there are studies on Continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. However, in a recent yet-to-be-published RCT, patients treated with compressive cryotherapy after ACL reconstruction had better pain relief and less dependence on narcotic use than patients treated with cryotherapy alone. However from reviewing the injured workers medical records the indication for the purchase of a half leg wrap is not documented and without this information medical necessity cannot be established.

Universal Therapy Wrap Purchase DOS 07/15/2014: Upheld

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

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 MTUS did not specifically address the use of a universal therapy wrap therefore other guidelines were consulted. Per the ODG, 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. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e, frostbite) are extremely rare but can be devastating. A review of the injured workers medical records that are available to me do not show a clear indication for the use of universal therapy wrap purchase and without this information medical necessity cannot be established.