

Case Number:	CM14-0178133		
Date Assigned:	10/31/2014	Date of Injury:	08/03/2014
Decision Date:	01/02/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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 Orthopedic Surgeon 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 37-year-old male who reported an injury on 08/03/2014. The mechanism of injury was while rearranging luggage overhead, the injured worker turned and felt a pull and pain in the right arm biceps area. The diagnoses included pain in right shoulder, weakness, rupture of the biceps tendon. The previous treatments included medication, physical therapy. Diagnostic testing included an MRI. The clinical documentation submitted on 09/26/2014 reported the injured worker complained of right shoulder pain. He failed conservative therapy. The injured worker underwent surgery on 09/26/2014. A request was submitted for a [REDACTED] DVT Prevention System for status post-surgery for home use of up to 21 days for 6 to 8 hours as needed, [REDACTED] Cold Recovery System with wrap for home use up to 21 days postoperative for 6 to 8 hours as needed, Prosling with abduction pillow for purchase expected to wear daily for 3 to 6 weeks, and a nonprogrammable pain pump purchase expected to use for 3 days immediately following surgery. However, a Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] DVT Prevention System for S/P Surgery for Home Use of up To 21 Days For 6-8 Hrs. as needed: 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 Chapter- Venous thrombosis

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 Official Disability Guidelines note for venous thrombosis it is recommended for monitoring risks of postoperative thromboembolic complications in both acute and sub-acute postoperative periods for possible treatment and identifying subjects who are at risk for developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Guidelines also note the device is not recommended for longer than 10 to 14 days. The clinical documentation submitted failed to indicate the injured worker was at risk for venous thrombosis. Additionally, the request submitted for 21 days exceeds the guidelines recommendations of 10 to 14 day use. Therefore, the request is not medically necessary.

█ Cold Therapy Recovery System with Wrap for Home use up To 21 Days Post-Op For 6-8 Hrs. as needed: 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 Chapter-- Cold therapy unit

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 request for █ Cold Therapy Recovery System with Wrap for Home Use up To 21 Days Post-Op For 6-8 hours as needed is not medically necessary. The Official Disability Guidelines note cold therapy unit is recommended for 7 days postoperative, as a rental and it has been proven to decrease pain, inflammation, and swelling, and narcotic usage. The request submitted of 21 days postoperative exceeds the guidelines recommendation of 7 day usage. Therefore, the request is not medically necessary.

Prosling with Abduction Pillow Purchase expected to wear Daily For 3-6 weeks: Upheld

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

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 abduction pillow sling

Decision rationale: The Official Disability Guidelines note abduction pillows/slings are recommended as an option following a repair of a large and massive rotator cuff tear. Guidelines note the pillows are not recommended for arthroscopic repairs. Clinical documentation failed to

indicate the injured worker was undergoing a repair of a large and massive rotator cuff tear. Therefore, the request is not medically necessary.

Non-Programmable Pain Pump Purchase Expected To Use X3 Days Immediately Following Sx: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline- Shoulder Chapter-

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative pain pump

Decision rationale: The California MTUS Guidelines state indications for implantable drug delivery systems include consideration if the patient has primary liver cancer, metastatic colorectal cancer, head or neck cancer, for treatment of malignant cancerous pain, as treatment for nonmalignant pain with a duration of greater than 6 months and all of the following criteria are met, including documentation of medical records of failure of 6 months other than conservative therapy, intractable pain secondary to a disease, further surgical intervention or other treatment that is not indicated or likely to be effective, no contraindications to implantation. In addition, the Official Disability Guidelines do not recommend postoperative pain pumps. The guidelines note there is moderate quality research which does not support the use of pain pumps. 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. Therefore, the request is not medically necessary.