

Case Number:	CM14-0205264		
Date Assigned:	12/17/2014	Date of Injury:	06/03/2010
Decision Date:	02/11/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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 injured worker is a 54-year-old male who reported an injury on 06/03/2010. The mechanism of injury was not provided. He was diagnosed with right shoulder impingement. His past treatments were noted to include medications, stretching, and physiotherapy. His surgical history was noted to include status post right wrist surgeries x6. On 10/30/2014, the injured worker reported impingement of the right shoulder. On physical examination of the right shoulder, he was noted to have tenderness laterally over the right shoulder, and range of motion causing pain. His current medications were not provided. The treatment plan was noted to include: a request for arthroscopy with arthroscopic surgery for the right shoulder; medical clearance is requested; durable equipment following surgery, which includes shoulder abduction pillow brace, micro cool machine to help decrease swelling and improve functional restoration, an IFC unit with supplies to improve muscle strength and girth to right upper extremity following procedure, motorized compression pump and stocking to help prevent deep vein thrombosis and pulmonary embolus, postoperative medications, an interpreter, transportation, and consent form for the injured worker. A request for authorization was submitted on 12/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: TENS unit, 3-45 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-114.

Decision rationale: The request for associated surgical service: TENS unit, 3-45 day rental, is not medically necessary. The California MTUS Guidelines do not recommend TENS (transcutaneous electrical nerve stimulation) as a primary treatment modality, but a 1 month based TENS trial may be considered as a noninvasive conservative option, if used along with programs of evidence based functional restoration. Additionally, the guidelines recommend use if there is documentation of pain for at least 3 months, and other pain modalities have been tried and failed. Ongoing treatment should also be documented during the trial period, including medication usage. Furthermore, there should be a treatment plan including long and short term goals with the TENS unit. There is no indication if the injured worker has used a TENS unit in the past, and there was no documentation indicating whether it was used for at least 1 month, how often it was used, evidence of objective functional improvement, pain reduction, and decreased medication usage with the unit. There is a lack of documentation showing whether the unit will be used in adjunct to a functional restoration program. Furthermore, there was no documentation of short or long term goals with the use of the TENS unit. More over, the request is written for 3 - 45 days, the guidelines only recommend for 1 month. Lastly, the physician's rationale was for post-operative purposed and it is unclear if the patient has been certified for the surgery or if the surgery has already occurred. Given the above information, the request is not supported by the guidelines. As such, the request for associated surgical service: TENS unit, 3-45 day rental, is not medically necessary.

Associated surgical service: DVT compression, 3-45 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 (ODG), Shoulder (Acute & Chronic), Compression garments

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 request for associated surgical service: DVT compression, 3-45 day rental, is not medically necessary. The Official Disability Guidelines recommend for monitoring risk of preoperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at high risk of developing deep vein thrombosis and providing prophylactic measures, such as consideration for anticoagulant therapy. It is also recommended to treat injured workers of a symptomatic mild upper extremity deep vein thrombosis with anticoagulation alone in injured workers of severe or extensive upper extremity deep vein thrombosis, with motorized mechanical devices in conjunction with pharmacological thrombolysis without delay beyond 10 to 14 days. There is no indication that the injured worker would be a high risk of developing a deep vein thrombosis postoperatively.

Additionally, there is also no mention of a contraindication to oral anticoagulation therapy as opposed to a motorized unit. Given the above information, the request is not supported by the guidelines. As such, the request for associated surgical service: DVT compression, 3-45 day rental, is not medically necessary.

Associated surgical service: shoulder abduction pillow brace: 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), Shoulder (Acute & Chronic), Postoperative abduction pillow sling

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 request for associated surgical service: shoulder abduction pillow brace, is not medically necessary. The Official Disability Guidelines recommend a postoperative abduction pillow sling as an option following open repair of large and massive rotator cuff tears. There is no evidence that the injured worker has had surgery to the right shoulder, or that open surgical repair of a massive rotator cuff tear. Additionally, the guidelines state the use of pillows are not use for arthroscopic repairs, and the treating physician made a request for arthroscopy with arthroscopic surgery for the right shoulder. Therefore, the request is not supported by the guidelines. As such, the request is not medically necessary.

Associated surgical service: micro cool machine, 3-45 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 (ODG), Shoulder (Acute & Chronic), 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) Shoudler, Continuous-flow cryotherapy.

Decision rationale: The request for associated surgical service: micro cool machine, 3-45 day rental, is not medically necessary. The Official Disability Guidelines recommend as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, the current requested duration of use allows the injured worker to exceed the guideline recommendation of 7 days. Additionally, unclear if the patient has been certified for the surgery or if the surgery has already occurred. As such, the request for associated surgical service: micro cool machine, 3-45 day rental is not medically necessary.