MAXIMUS Federal Services

Case Number:	CM15-0000837		
Date Assigned:	01/12/2015	Date of Injury:	06/07/2013
Decision Date:	03/16/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/05/2015

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: Texas, Ohio, California
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:

The applicant is a represented 37-year-old [redacted] who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 7, 2013.In a Utilization Review Report dated December 3, 2014, the claims administrator denied requests for a cold therapy unit and interferential unit x 1 to 2 months. The claims administrator noted that the applicant had undergone a right shoulder arthroscopy on November 25, 2014. The claims administrator referenced an RFA form of November 19, 2014 and a progress note of October 29, 2014 in its determination. The applicant's attorney subsequently appealed. In a progress note dated December 3, 2014, the applicant reported ongoing complaints of shoulder pain, 10/10. Soreness and swelling were noted. The attending provider then stated, somewhat incongruously, that the applicant was improved following the surgery. An ultrasound-guided shoulder corticosteroid injection and 12 sessions of postoperative physical therapy were endorsed, along with a rather proscriptive 10-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. In an operative report dated November 25, 2014, the applicant underwent a diagnostic and operative arthroscopy of the right shoulder, biceps tendon tenodesis, acromioplasty, Mumford procedure, adhesiolysis, synovectomy, bursectomy, removal of loose bodies, and manipulation under anesthesia procedure to ameliorate preoperative diagnoses of adhesive capsulitis and impingement syndrome of the shoulder. On November 19, 2014, it was stated that the applicant was 37 years old. The applicant was reportedly pending a shoulder surgery. The applicant's past medical history was negative for diabetes, stroke, heart attack, coronary artery disease, or high blood pressure. The applicant had undergone tubal

ligation and a plantar fasciectomy, it was stated. In another section of the note, it was stated that the applicant was prediabetic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of cold therapy unit: 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, 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) Shoulder Chapter, Continuous Flow Cryotherapy topic.

Decision rationale: No, the proposed cold therapy unit purchase was not medically necessary, medically appropriate, or indicated here.The MTUS does not address the topic. However, ODG's Shoulder Chapter Continuous Flow Cryotherapy topic notes that postoperative usage of continuous cooling devices may be for up to seven days, noting that complications associated with protracted usage of postoperative continuous flow cryotherapy, such as frostbite, are extremely rare but could be devastating. The request for a purchase and/or indefinite usage of a cold therapy unit, thus, runs counter to ODG principles and parameters. Therefore, the request was not medically necessary.

Purchase of a 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: Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Postoperative Pain Pump topic topic.

Decision rationale: Similarly, the proposed purchase of a pain pump was likewise not medically necessary, medically appropriate, or indicated here.The MTUS does not address the topic. However, ODG's Shoulder Chapter Postoperative Pain Pump topic notes that postoperative pain pumps are "not recommended" following shoulder surgery procedures, as transpired here. As with the preceding request, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ODG position on the article at issue. Therefore, the request was not medically necessary.

IF unit rental 1-2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation topic. Page(s): 120.

Decision rationale: Finally, the request for an interferential unit rental one to two months was likewise not medically necessary, medically appropriate, or indicated here.While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an interferential current stimulator can be employed on a one-month trial basis in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, applicants in whom pain is ineffectively controlled due to medication side effects, applicants who have a history of substance abuse that makes provision of analgesic medications unwise, and/or applicants who have significant pain from postoperative conditions which limits the ability to perform exercise programs and/or physical therapy treatment, in this case, however, there was/is no mention or evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals. There was no mention of the applicant's having issues with medication side effects and/or a history of substance abuse which would prevent provision of analgesic medications. Therefore, the request was not medically necessary.While this was, strictly speaking, a postoperative request as opposed to a chronic pain request, MTUS 9792.23.b2 does stipulate that the Postsurgical Treatment Guidelines in Section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 120 of the MTUS Chronic Pain Medical Treatment Guidelines did address the issue at hand, it was therefore invoked.