

Case Number:	CM15-0009024		
Date Assigned:	01/27/2015	Date of Injury:	08/29/2011
Decision Date:	03/26/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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: California
 Certification(s)/Specialty: Orthopedic Surgery

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 57 year old male, who sustained an industrial injury on August 29, 2011. He has reported neck, shoulder, back and knee pain. The diagnoses have included lumbosacral radiculopathy, cervical radiculopathy, shoulder tendinitis/bursitis, wrist tendinitis/bursitis and knee tendinitis/bursitis. Treatment to date has included magnetic resonance imaging (MRI), acupuncture, chiropractic, epidural steroid injection, nerve conduction study, right knee and left shoulder surgery and oral medications. Currently, the IW complains of neck, bilateral shoulder, back and knee pain. Treatment includes magnetic resonance imaging (MRI), nerve block, physiotherapy, home exercises and oral medication. 10/2/14 Exam note demonstrates pain in the left shoulder. Exam demonstrates abduction of 90 degrees and flexion of 100 degrees. On December 18, 2014 utilization review non-certified a request for post-op Q tech unit for 21 days rental, purchase of post op Pro Rom knee brace and purchase of post op non-programmable pain pump. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 10, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Q tech unit for 21 days 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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Compression Garments

Decision rationale: CA MTUS/ACOEM is silent on compression garments for DVT prophylaxis. According to ODG , Shoulder section, Compression garments, "Not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors." In this case there is no evidence of risk factor for DVT in the clinical records from 10/2/14. Therefore the determination is for non-certification for the DVT compression garments.

Purchase of Post op Pro Rom Knee 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), Knee-Brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Knee brace

Decision rationale: CA MTUS / ACOEM Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The exam notes of 10/2/14 do not demonstrate the claimant is not experiencing specific laxity, instability, and ligament issues or has undergone surgical intervention. Therefore the request for durable medical equipment, knee brace, is not medically necessary and appropriate.

Purchase of Post op 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 (ODG), Post operative pain pump

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Postoperative pain pumps. 1.)Ciccone WJ 2nd, Busey TD, Weinstein DM, Walden DL, Elias JJ. Assessment of pain relief provided by interscalene regional block and infusion pump after arthroscopic shoulder surgery. *Arthroscopy*. 2008 Jan;24(1):14-9. 2.)ODG Online edition, 2014. 3.)Matsen FA 3rd, Papadonikolakis A. Published evidence demonstrating the causation of glenohumeral chondrolysis by postoperative infusion of local anesthetic via a pain pump. *J Bone Joint Surg Am*. 2013 Jun 19;95(12):1126-34.

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder pain pumps. Per the Official Disability Guidelines, Online edition, Shoulder Chapter, regarding postoperative pain pumps, "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." In addition there is concerns regarding chondrolysis in the peer reviewed literature with pain pumps in the shoulder postoperatively. As the guidelines and peer reviewed literature does not recommend pain pumps, the determination is for non-certification.1.)Ciccone WJ 2nd, Busey TD, Weinstein DM, Walden DL, Elias JJ. Assessment of pain relief provided by interscalene regional block and infusion pump after arthroscopic shoulder surgery. *Arthroscopy*. 2008 Jan;24(1):14-9.2.)ODG Online edition, 2014.3.)Matsen FA 3rd, Papadonikolakis A. Published evidence demonstrating thecausation of glenohumeral chondrolysis by postoperative infusion of localanesthetic via a pain pump. *J Bone Joint Surg Am*. 2013 Jun 19;95(12):1126-34.