

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0194733 | | |
| Date Assigned: | 10/08/2015 | Date of Injury: | 03/19/2015 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 09/25/2015 |
| Priority: | Standard | Application Received: | 10/05/2015 |

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 55 year old male who sustained an industrial injury March 19, 2015. According to a treating physician's notes dated August 27, 2015, the injured worker presented with complaints of persistent locking and catching of his right shoulder. Past treatment included physical therapy, medication, injections and rest. Physical examination revealed positive O'Brien's test, consistent with labral tear. The physician documented; "an MRI of the right shoulder shows a large labral tear". Diagnosis is documented as large labral tear right shoulder. Treatment plan included arthroscopy of right shoulder and possible Mumford procedure, which was authorized. At issue, is the request for authorization dated September 16, 2015, for a 30 day rental of an IF unit for the right shoulder and a pain pump, post-operatively. An MRI of the right shoulder dated August 15, 2015, (report present in the medical record) impression documented as; AC (acromioclavicular) joint osteoarthritis, as evidenced by capsular hypertrophy and osteophytosis; mild supraspinatus tendinopathy; SLAP tear of the glenoid labrum; probable longitudinal split tear through the intra-articular portion of the long head of the biceps tendon, the tendon does not appear retracted. According to utilization review dated September 25, 2015, the requests for a 30 day rental of an interferential (IF) unit post-operatively, right shoulder and a pain pump for the post-operative right shoulder are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Right shoulder pain pump post-operative: 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), Treatment Index, 13th Edition, Shoulder Chapter, and Postoperative Pain Pump.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Post-operative pain pumps.

Decision rationale: Pursuant to the Official Disability Guidelines, DME-right shoulder pain pump post operative is not medically necessary. Postoperative pain pumps are not recommended. For additional details see the official disability guidelines. Three recent quality RCTs did not support the use of pain pumps. In this case, the injured worker's working diagnoses are clinical and MRI scan evidence of a large labral tear in the right shoulder. Date of injury is March 19, 2015. Request for authorization is dated September 16, 2015. According to an August 27, 2015 progress note, the injured workers clinical finding is compatible with a labral tear. The treating provider has requested surgery with a SLAP repair. Additional requests included a right shoulder pain pump for postoperative use and a 30-day rental for an Interferential unit. The surgery has not been approved as of the date of request for authorization. A request for the postoperative pain pump is premature. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and a request for shoulder surgery with a SLAP repair that has not been authorized, DME-right shoulder pain pump post operative is not medically necessary.

DME: 30 day rental of an interferential (IF) unit for the right shoulder poster operative: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential (IF) unit.

Decision rationale: Pursuant to the Official Disability Guidelines, DME 30 day rental Interferential unit (IF) right shoulder post operative is not medically necessary. IF is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The medical care provider for IF to be medically necessary should document the Patient Selection Criteria. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to

conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are clinical and MRI scan evidence of a large labral tear in the right shoulder. Date of injury is March 19, 2015. Request for authorization is dated September 16, 2015. According to an August 27, 2015 progress note, the injured worker's clinical finding is compatible with a labral tear. The treating provider has requested surgery with a SLAP repair. Additional requests included a right shoulder pain pump for postoperative use and a 30-day rental for an Interferential unit. The surgery has not been approved as of the date of request for authorization. A request for the postoperative interferential unit is premature at this time. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and a request for shoulder surgery with a SLAP repair that has not been authorized, DME 30 day rental Interferential unit (IF) right shoulder post operative is not medically necessary.