

Case Number:	CM15-0203632		
Date Assigned:	10/20/2015	Date of Injury:	07/22/2014
Decision Date:	12/24/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/16/2015

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: Illinois, California, Texas
 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:

This injured worker is a 22-year-old male who sustained an industrial injury on 7/22/14, relative to an ATV crash. He sustained thoracic transverse process fractures and a collapsed lung. The 4/9/15 left shoulder MRI impression documented infraspinatus tendinosis as well as minimal involvement of the posterior supraspinatus, and thickened subscapularis tendon insertion consistent with tendinosis with contour irregularity of the lesser tuberosity inferiorly. There were acromioclavicular (AC) joint hypertrophic changes including joint effusion and capsular edema with downsloping type 2 acromion abutting the cuff. Conservative treatment for the shoulder had included medications, activity modification, injections, and physical therapy. The 9/24/15 treating physician report cited continued constant left shoulder pain. He was left-handed dominant and had pain with activities involving adduction and rotation. Physical therapy documented pain with empty can test and exquisite tenderness over the anterior and lateral aspect of the acromion. Flexion, adduction and internal rotation markedly accentuated pain. There was tenderness lateral to the acromion in the region of the subacromial bursa and marked inferior AC joint tenderness. There was ¼ inch atrophy of the left forearm compared to the right. The diagnosis included left shoulder impingement, subacromial/subdeltoid bursitis, possible partial rotator cuff tearing, and AC joint cartilage disorder. The injured worker had persistent left shoulder pain over the past 14 months. The treatment plan recommended left shoulder arthroscopy to include partial Mumford procedure, anterolateral chondroplasty with coracoacromial ligament resection, extensive debridement of the subacromial bursa, lysis of adhesions of the rotator cuff, and intra-articular injection. Post-operative medications were

prescribed to include Ultram and Norco. Post-operative acupuncture was requested 2x6 as it was helpful for decreasing the need for excessive analgesic medication. Authorization was requested for left shoulder arthroscopy and associated surgical requests for shoulder abduction pillow brace, MicroCool machine for 30 day, motorized compression pump and stockings for 30 days, and post-operative acupuncture. The 10/13/15 utilization review certified the request for left shoulder arthroscopy. The request for a shoulder abduction pillow brace was modified to a standard ultra-sling as there was no massive or large rotator cuff tear. The request for a MicroCool machine for 30 days was modified to 7-day rental consistent with guidelines. The request for a motorized compression pump and stockings for 30 days was modified to use on the day of surgery only as the injured worker would be immobilized during surgery and in the post-anesthesia care unit. The request for post-operative acupuncture was non-certified as this was no standard of care and reassessment following surgery was recommended to determine the need for this treatment. Records documented that an interferential (IFC) unit was certified for a 30-day rental to reduce post-operative pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op DME: Shoulder abduction pillow brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Activity Modification, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Postoperative abduction pillow sling.

Decision rationale: The California MTUS guidelines state that the shoulder joint can be kept at rest in a sling if indicated. The Official Disability Guidelines state that post-operative abduction pillow slings, are recommended as an option following open repair of large and massive rotator cuff tears. Guideline criteria have not been met. An arthroscopic rotator cuff repair is planned for a partial thickness tear. The 10/13/15 utilization review modified this request to a standard ultra sling. There is no compelling reason to support the medical necessity of a specialized abduction sling over a standard sling. Therefore, this request is not medically necessary.

Post-op DME: MicroCool Machine for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after

shoulder surgery for up to 7 days, including home use. The 10/13/15 utilization review decision this request for 30-day rental of a MicroCool Machine to 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a cold device beyond the 7- day rental recommended by guidelines and previously certified. Therefore, this request is not medically necessary.

Post-op DME: Motorized compression pump and stockings for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Deep vein thrombosis (DVT); Venous Thrombosis.

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in upper extremity procedures. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. The 10/13/15 utilization review modified this request for 30-day rental of a motorized compression pump and stockings to hospital use only. There is no compelling rationale to support the medical necessity of additional use or as an exception to guidelines. Therefore, this request for DVT (deep vein thrombosis) prophylaxis is not medically necessary.

Post-operative Acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California MTUS acupuncture guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. Guideline criteria have not been met. This injured worker is certified to undergo left shoulder arthroscopic surgery. He has been provided with post-operative medications and an interferential (IFC) unit for 30-day use. There is no indication that standard post-op pain management would be insufficient. There is no

documentation that the patient was intolerant or unresponsive to pain medications during the preoperative period. Additionally, this request exceeds guideline recommendations for an initial trial of 3 to 6 visits. Therefore, this request is not medically necessary.