MAXIMUS Federal Services

Case Number:	CM15-0206094		
Date Assigned:	10/22/2015	Date of Injury:	02/23/2011
Decision Date:	12/29/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/20/2015

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: Arizona, Michigan
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 injured worker is a 52 year old male, who sustained an industrial injury on 2-23-2011. The injured worker was diagnosed as having brachial neuritis or radiculitis, not otherwise specified, sprain of hand, unspecified site, thoracic or lumbosacral neuritis or radiculitis, unspecified, and other affections of shoulder region, not elsewhere classified. Treatment to date has included diagnostics, chiropractic, multiple orthopedic surgeries, and medications. A progress report (3-01-2012) noted pending requests for right shoulder arthroscopy and right knee arthroscopy. A request for Authorization (dated 3-04-2014) was submitted for Q-Tech DVT prevention system (status post surgery for home use up to 21 days for 6-8 hours or as needed), Q-Tech cold therapy system with wrap (status post surgery for home use up to 21 days for 6-8 hours or as needed), non-programmable pain pump (purchase-expected to use daily immediately following surgery-3 day use), and Pro-sling with abduction pillow. Also noted was Request for Authorization (dated 11-08-2013) for Q-Tech cold therapy recover system with wrap (status post surgery for home use up to 21 days for 6-8 hours or as needed), Q-Tech DVT prevention system (status post surgery for home use up to 21 days for 6-8 hours or as needed), crutches, and Pro-ROM post-op knee brace (purchase-expected to wear daily for 3-6 weeks). Operative reports regarding the associated surgical procedures were not noted. Use of the requested DME was not specified after surgical interventions. On 9-21-2015 Utilization Review non-certified a retrospective request for purchase of a non-programmable pain pump, Q Tech DVT system 21-day rental, and Optimum Rehab kit purchase. A request for Q Tech cold therapy recovery system with wrap for

21-day rental was modified to 7-day rental. Certification was noted for pro-sling with abduction pillow, crutches, Pro-ROM post-operative knee brace, and pro-sling purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review: Non-programmable pain pump purchase: 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 - 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 / Postoperative pain pump.

Decision rationale: The MTUS did not address the use of postoperative pain pumps therefore other guidelines were consulted. Per the ODG, it is 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. Much of the available evidence has involved assessing efficacy following orthopedic surgery, specifically, shoulder and knee procedures. A surgeon will insert a temporary, easily removable catheter into the shoulder joint that is connected to an automatic pump filled with anesthetic solution. This "pain pump" was intended to help considerably with postoperative discomfort, and is removed by the patient or their family 2 or 3 days after surgery. There is insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre- or postoperative pain control using oral, intramuscular or intravenous measures." The use of post operative pain pumps is not supported by the guidelines, therefore the request for non-programmable pain pump purchase is not medically necessary.

Retrospective request: Q tech DVT prevention system 21 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), Knee and leg - Venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg / Venous thrombosis.

Decision rationale: The MTSU did not address the use of DVT prophylaxis, therefore other guidelines were consulted. The ODG "recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. The UK National Institute for Health and Clinical Excellence (NICE) has issued new guidance on the prevention of venous thromboembolism (VTE). They primarily

recommend mechanical methods of VTE prophylaxis. Although mechanical methods do reduce the risk of deep vein thrombosis [DVT], there is no evidence that they reduce the main threat, the risk of pulmonary embolism [PE], fatal PE, or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. They recommend stockings for prevention of VTE, except in stroke patients. The newer oral anticoagulants rivaroxaban and dabigatran are indicated as treatment options for specific indications, namely hip- and knee-replacement surgery. In the summary of evidence for knee-replacement surgery, under economic considerations, the guidance notes that fondaparinux, dabigatran, low-molecular weight heparin (LMWH), and rivaroxaban were the most cost-effective strategies." A review of the injured workers medical records did not reveal a rationale for this choice of DVT prevention over other first line recommended agents; without this information medical necessity is not established. Therefore, the request is not medically necessary.

Retrospective request: Q tech cold therapy recovery system with wrap 21 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 - 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) Knee and leg / Continuous-flow cryotherapy.

Decision rationale: The MTUS did not address the use of continuous flow cryotherapy; therefore, other guidelines were consulted. Per the ODG, cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. The guidelines support the use of cryotherapy units for up to 7 days post op, the request for 21-day rental is excessive and is not medically necessary.

Retrospective request: Optimum rehab kit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: Per the MTUS, "Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term,

benefit. In the short term therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint." Unfortunately, a review of the injured workers medical records do not reveal a clear rationale for this treatment request, without this information medical necessity is not established. Therefore, the request is not medically necessary.