

Case Number:	CM15-0222623		
Date Assigned:	11/18/2015	Date of Injury:	02/19/2015
Decision Date:	12/30/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/12/2015

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, Oregon, Washington
 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 27-year-old, male who sustained a work related injury on 2-19-15. A review of the medical records shows he is being treated for left thumb injury. In the progress notes dated 9-1-15 and 10-22-15, the injured worker reports he is 2 days postoperative from left thumb surgery. He has been receiving therapy. Upon physical exam dated 10-22-15, he has slight swelling and moderate stiffness in left thumb interphalangeal joint. Treatments have included left thumb surgery, left hand physical therapy x 38 treatments, and medication. Current medications include Voltaren. He is temporarily very disabled. The treatment plan includes requests for continued therapy. In the Utilization Review dated 11-5-15, the requested treatment of Empi electrical stimulation unit, silicon x 3 and compressions sleeve are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Silicon X 3: 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 / compression garments.

Decision rationale: A silicone compression sleeve has been requested. CA MTUS is silent with regard to compression garments. Per ODG Shoulder / 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. (Edgar, 2012) Although variability exists in the reported incidence of VTE, surgeons should still be aware of the potential for this serious complication after shoulder arthroplasty. (Saleh, 2013) Available evidence suggests a low incidence, but the final decision to consider thromboprophylaxis rests with the operating surgeon." In this case, the request for a silicone compression sleeve is not supported per ODG guidelines. Thus, the request is not medically necessary and the recommendation is for non-certification.

Compression sleeve X 1: 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 / compression garments.

Decision rationale: A silicone compression sleeve has been requested. CA MTUS is silent with regard to compression garments. Per ODG Shoulder / 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. (Edgar, 2012) Although variability exists in the reported incidence of VTE, surgeons should still be aware of the potential for this serious complication after shoulder arthroplasty. (Saleh, 2013) Available evidence suggests a low incidence, but the final decision to consider thromboprophylaxis rests with the operating surgeon." In this case, the request for a silicone compression sleeve is not supported per ODG guidelines. Thus, the request is not medically necessary and the recommendation is for non-certification.

Home Unit-continuum by Empi Electrical stimulation unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, electrical stimulation.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Galvanic Stimulation, page 117 and Interferential Current Stimulation, page 118, provide the following discussion regarding the forms of electrical stimulation contained in the SurgStim 4: Galvanic stimulation is not recommended by the guidelines for any indication. In addition, interferential current stimulation is not recommended as an isolated intervention. Therefore, the SurgStim 4 is not recommended by the applicable guidelines and is therefore non-certified. CA MTUS/ ACOEM is silent on the issue of E-stim for the shoulder. Per the ODG, Shoulder, electrical stimulation, "Not recommended. For several physical therapy interventions and indications (eg, thermotherapy, therapeutic exercise, massage, electrical stimulation, mechanical traction), there was a lack of evidence regarding efficacy." As the guidelines do not support e- stimulation for the shoulder, the request is not medically necessary and thus determination is for non-certification.