

Case Number:	CM15-0031958		
Date Assigned:	02/25/2015	Date of Injury:	06/23/2013
Decision Date:	04/06/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/20/2015

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: 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 69 year old female, who sustained an industrial injury on 6/23/13. She has reported right shoulder injury. The diagnoses have included cervical radiculopathy, shoulder impingement and knee tenderness/bursitis and status post right shoulder arthroscopy. Treatment to date has included right shoulder arthroscopy, physical therapy, oral medications and an arm sling. Currently, the injured worker complains of healing right shoulder following surgery. It is noted on physical exam dated 1/22/15; she is having difficulty with activities of daily living and lives alone; she has also had significant hallucinations. On 1/29/15 Utilization Review non-certified durable medical equipment Q-Tech cold therapy recovery system with deep vein thrombus, durable medical equipment pro-sling with abduction pillow and durable medical equipment pain pump 2 day rental, noting the lack of information. On 2/20/15, the injured worker submitted an application for IMR for review of durable medical equipment Q-Tech cold therapy recovery system with deep vein thrombus, durable medical equipment pro-sling with abduction pillow and durable medical equipment pain pump 2 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: Q-Tech Cold Therapy Recovery System W / DVT: 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 section, Continuous cold cryotherapy unit, Compression garments.

Decision rationale: Pursuant to the Official Disability Guidelines, Q tech cold therapy unit system with DVT is not medically necessary. Compression garments are not generally recommended in the shoulder. DVT and pulmonary embolism events are common complications following lower extremity orthopedic surgery or are rare following upper extremity surgery, especially shoulder arthroscopy. The guidelines recommend monitoring high risk of developing venous thrombosis. In the shoulder, risk is lower than in the knee and depends upon the invasiveness of the surgery, the postoperative immobilization and the use of central venous catheters. Continuous flow cryotherapy is recommended as an option after surgery. Postoperative use may be up to seven days, including home use. In this case, the injured worker's working diagnoses are cervical radiculopathy; shoulder impingement; knee tendinitis/bursitis. The treating physician received authorization for the proposed right shoulder arthroscopy with subacromial decompression. The documentation did not contain evidence of Q tech cold therapy unit system with DVT. As noted in the ODG shoulder chapter compression garments topic, compression garments and mechanical prophylaxis to prevent DVTs postoperatively are not generally recommended following shoulder arthroscopy as such events are extremely rare following upper extremity surgeries. Consequently, absent clinical documentation with an indication and rationale indicating a Q tech cold therapy unit system with DVT is clinically indicated, Q tech cold therapy unit system with DVT is not medically necessary.

Durable Medical Equipment: Pro-Sling W / Abduction Pillow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Durable medical equipment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, Pro-Sling with abduction pillow is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are cervical radiculopathy; shoulder impingement; knee tendinitis/bursitis. The treating physician received authorization for the proposed right shoulder arthroscopy with subacromial decompression. There is no

documentation in the medical record demonstrating a clinical indication or rationale for the Pro-Sling with abduction pillow. Consequently, absent clinical documentation with an indication for the Pro-Sling with abduction pillow, Pro-Sling with abduction pillow is not medically necessary.

Durable Medical Equipment: Pain Pump 2 Day Rental: 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 section, Pain pumps.

Decision rationale: Pursuant to the Official Disability Guidelines, purchase pain pump is not medically necessary. Pain pumps are not recommended. Three recent moderate quality RCTs did not support the use of pain pumps. In this case, the injured worker's working diagnoses are cervical radiculopathy; shoulder impingement; knee tendinitis/bursitis. The treating physician received authorization for the proposed right shoulder arthroscopy with subacromial decompression. There is no documentation in the medical record demonstrating a clinical indication or rationale for a two-day pain pump rental. Pain pumps are not recommended. Consequently, absent clinical documentation with the clinical indication or rationale for a pain pump in contravention of the recommended guidelines, purchase pain pump is not medically necessary.