

Case Number:	CM15-0034062		
Date Assigned:	03/02/2015	Date of Injury:	06/04/2013
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/24/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30 year old male, who sustained an industrial injury on 6/4/13. He has reported left shoulder, wrist and elbow as well as low back and left groin injury. The diagnoses have included sprain/strain of left shoulder, impingement syndrome of left shoulder, left elbow sprain/strain, tendinosis of common extensor tendon left elbow, sprain of left wrist, left wrist subchondral cyst, effusion of left wrist, sprain of ligaments of lumbar spine and anxiety disorder. Treatment to date has included left wrist brace, medications and left shoulder surgery. Currently, the injured worker complains of left shoulder, elbow, wrist and hand pain. On exam dated 12/19/14 mild tenderness is noted of left wrist and hand, left elbow and lumbar spine. Positive impingement syndrome with weak external rotation and tenderness to greater tuberosity of left shoulder is noted. Left shoulder glenohumeral joint debridement and subacromial decompression/bursectomy was performed on 1/8/15. On 2/12/15 Utilization Review non-certified deep vein thrombus calf cuff for each side and 1 day rental of a pump, noting they are not usually recommended for shoulder surgery. The MTUS, ACOEM Guidelines was cited. On 2/21/15, the injured worker submitted an application for IMR for review of deep vein thrombus calf cuff for each side and 1-day rental of a pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep Vein Thrombosis (DVT) Calf Cuff, for each side: 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 Shoulder Chapter, Vein thrombosis.

Decision rationale: The 30 year old patient complains of pain in the left shoulder and has been diagnosed with left shoulder impingement syndrome, as per progress report dated 01/05/15. The request is for DEEP VEIN THROMBOSIS (DVT) CALF CUFF, FOR EACH SIDE. There is no RFA for this case, and the patient's date of injury is 06/04/13. In progress report dated 01/05/15, the treater states the patient will be scheduled for left shoulder arthroscopic surgery once it is authorized. Medications included Naproxen, Omeprazole, Lorazepam and topical muscle relaxer. In progress report dated 12/19/14, the patient presents of with left elbow lateral epicondylitis, left triangular fibrocartilage complex tear, and low back pain with left-sided radiculitis. The patient is temporarily totally disabled, as per progress report dated 01/05/15. The MTUS and ACOEM Guidelines do not address DVT Prophylaxis unit. However, ODG Guidelines do address DVT Prophylaxis unit. ODG-TWC, Shoulder Chapter states: "Vein thrombosis: "Recommend monitoring risk of pre-operative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Upper extremity DVT is much less studied compared to lower extremity DVT and the diagnostic and therapeutic modalities still have substantial areas that need to be studied. (Saseedharan, 2012)" In progress report dated 01/05/15, the treater states that the patient will be scheduled for left shoulder arthroscopic surgery once it is authorized. In progress report dated 02/20/15, after the UR date, the treater states that the patient underwent the procedure on 01/08/15. The request is possibly related to this surgical intervention, however the treating physician has not provided a rationale reason for the request. The physician has not stated risk of pre-operative thromboembolic complication, nor has the treater identified the patient to be at high risk of developing venous thrombosis, as required by guidelines. Furthermore, upper extremity DVT still has substantial areas that need to be studied when compared to lower extremity DVT. Hence, the request IS NOT medically necessary.

Pump rental (1 day): 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 Shoulder Chapter, Pain Pumps, Postoperative.

Decision rationale: The 30 year old patient complains of pain in the left shoulder and has been diagnosed with left shoulder impingement syndrome, as per progress report dated 01/05/15. The

request is for PUMP RENTAL (1 DAY). There is no RFA for this case, and the patient's date of injury is 06/04/13. In progress report dated 01/05/15, the treater states the patient will be scheduled for left shoulder arthroscopic surgery once the surgery is authorized. Medications included Naproxen, Omeprazole, Lorazepam and topical muscle relaxer. In progress report dated 12/19/14, the patient presents with left elbow lateral epicondylitis, left triangular fibrocartilage complex tear, and low back pain with left-sided radiculitis. The patient is temporarily totally disabled, as per progress report dated 01/05/15. MTUS and ACOEM Guidelines do not address this request. However, ODG-TWC, Shoulder Chapter under Pain Pumps, Postoperative states: "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, control studies with small populations." This study concluded that infusion pumps did not significantly reduce pain levels." In progress report dated 01/05/15, the treater states that the patient will be scheduled for left shoulder arthroscopic surgery once the surgery is authorized. In progress report dated 02/20/15, after the UR date, the treater states that the patient underwent the procedure on 01/08/15. The request is possibly related to this surgical intervention, although the treating physician has not provided reason for the request. However, ODG Guidelines do not support for the use of pain pumps following shoulder surgery. Therefore, the request IS NOT medically necessary.