MAXIMUS Federal Services

Case Number:	CM15-0237612		
Date Assigned:	12/14/2015	Date of Injury:	01/29/2015
Decision Date:	01/22/2016	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	12/04/2015

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: Texas, New York, California
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 applicant is a represented 52-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 29, 2015. In a Utilization Review report dated November 12, 2015, the claims administrator failed to approve requests for a transcutaneous electrical joint stimulator-30 day rental, a DVT home unit with associated upper extremity garment rental, and postoperative usage of a cold therapy device for 7 days. The claims administrator referenced a November 3, 2015 RFA form in its determination. The claims administrator stated that the applicant was slated to undergo shoulder surgery on November 23, 2015. On October 1, 2015, the attending provider sought authorization for a left shoulder arthroscopy on the grounds that the applicant's issues with shoulder impingement syndrome were worsening. A rather proscriptive 15-pound lifting limitation was imposed. The attending provider acknowledged that the applicant was not working with said limitation in place. On an RFA form dated October 26, 2015, a cold therapy unit rental, 30-day DVT prophylaxis device, and 30-day TENS unit rental were all sought. On October 22, 2015, the treating provider stated that he was intent on proceeding with a seemingly authorized left shoulder arthroscopy. Twelve sessions of postoperative physical therapy, DNA testing, genetic testing, a TENS device, tramadol, and another postoperative request were issued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of Transcutaneous Electrical Joint Stimulator Rental 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation http://www.sevenseasdm.com/force-stimulator/Product Name: X Force Stimulator, Description: X-Force Stimulator.

Decision rationale: No, the request for transcutaneous electrical joint stimulation (TEJS) was not medically necessary, medically appropriate, or indicated here. TEJS, per the product description, is a variant of pulse electrical stimulation or galvanic stimulation. However, page 117 of the MTUS Chronic Pain Medical Treatment Guidelines notes that galvanic stimulation is "not recommended" and considered investigational for all indications. Here, the attending provider failed to furnish a clear or compelling rationale for the transcutaneous electrical joint stimulator (TEJS) device (a) in favor of a more conventional TENS device and (b) in the face of the unfavorable MTUS position on galvanic therapy, which the TEJS device is a subset. Therefore, the request was not medically necessary.

Rental of DVT Home Unit with Upper Extremity Garment Rental 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Similarly, the request for a DVT home unit with associated upper extremity garment rental was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of postoperative DVT prophylaxis devices following planned shoulder surgery. However, ODG's shoulder chapter venous thrombosis topic notes that administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures, as was seemingly pending here, citing a low incidence of DVT following shoulder arthroscopy. Here, there was no mention of the applicant's having personal risk factors which would compel a variance from the guideline. There was no mention of the applicant's having issues with blood dyscrasias, prior DVTs, neoplasm, etc., which would compel provision of the device in question. Therefore, the request was not medically necessary.

Post-op use Rental of Cold Therapy Unit Rental 7 days with Water Circulating Pad: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Disorders, Continuous-flow cryotherapy.

Decision rationale: The request for a postoperative rental of cold therapy unit-7 day rental-was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, ODG's Shoulder Chapter Continuous-flow Cryotherapy topic does support usage of continuous-flow cryotherapy as an option for up to 7 days of postoperative use. Here, the request in question was framed as a request for postoperative usage of the device in question, in the aftermath of planned shoulder surgery. Provision of the same was, thus, indicated in the clinical context present here. Therefore, the request was medically necessary.