

Case Number:	CM13-0061223		
Date Assigned:	12/30/2013	Date of Injury:	10/20/2011
Decision Date:	07/21/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/04/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56 year old male who was injured on 10/20/2011. He was injured while pushing a lawnmower. Prior treatment history has included physical therapy and medication. The patient underwent a right shoulder arthroscopic synovectomy; bursoscopy; superior labral repair, resection of subacromial bursa; coracoacromial ligament resection, subacromial decompression; and repair of rotator cuff tendon on 09/23/2013. A PR2 dated 09/12/2013 notes the patient's treatment plan and authorization request included cold therapy recovery to use after surgery for up to 21 days. His treatment goals are to improve range of motion, improve ADL's, to reduce or eliminate pain, and to protect the surgical repair. An initial comprehensive preoperative consultation dated 09/17/2013 states the patient is in for preoperative consult for right shoulder surgery. On review of systems, he has no history of collagen vascular disorders or connective tissue diseases. There is no history of claudication or history of deep vein thrombosis; no transient ischemic attack, cerebrovascular accident or seizures. There is no history of anemia or easy bruisability or blood dyscrasias. The extremities show no edema, cyanosis, or clubbing. The pulses are 2+ and equal bilaterally. His electrocardiogram reveals sinus rhythm and left atrial abnormality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-TECH COLD THERAPY RECOVERY SYSTEM WITH WRAP STATUS POST SURGERY FOR HOME USE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556. Decision based on Non-MTUS Citation ODG Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous-flow cryotherapy.

Decision rationale: The ACOEM Guidelines states patients' at-home applications of heat or cold packs may be used before or after exercises. There is no mention in the ACOEM Guidelines regarding the use of the particular item being requested. The Official Disability Guidelines recommend in the initial post-surgical setting up to a 7 day rental of a standard cold therapy unit. According to the medical records provided for review, the patient has previously been recommended and approved to undergo arthroscopic surgery to the right shoulder. There is no medical justification for the requested complex Q-Tech recovery system and components for use past the initial recommended 7 day rental. Such a request is not supported by the Guidelines, and therefore the request is not medically necessary.

HALF LEG WRAP 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).

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: According to the ODG, Compression garments are recommended, but little is known about dosimetry in compression, for how long and at what level compression should be applied. They are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). the patient has previously been recommended and approved to undergo arthroscopic surgery to the right shoulder. The medical records do not provide any evidence to indicate the request of a wrap for the leg is medically justified. The request is not medically necessary.

HALF ARM WRAP PURCHASE: Upheld

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

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: According to the Official Disability Guidelines, compression garments are not generally recommended. 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. According to the medical records provided for review, the patient has previously been recommended and approved to undergo arthroscopic surgery to the right shoulder. The medical records do not provide any evidence to indicate the request of a wrap for the arm is medically justified. Consequently, the request is not supported by the ODG, and therefore is not medically necessary.

UNIVERSAL THERAPY WRAP 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).

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: According to the medical records provided for review, the patient has previously been recommended and approved to undergo arthroscopic surgery to the right shoulder. The medical records do not provide any evidence to indicate the request of a universal therapy wrap is medically justified. The purpose of this request is unclear, and the anticipated impact in postoperative care is not apparent. The request is not supported by the Guidelines, and therefore is not medically necessary.

Q-TECH DVT PREVENTION SYSTEM RENTAL STATUS POST SURGERY FOR HOME USE UP TO 21 DAYS FOR 6-8 HOURS OR AS NEEDED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder.

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: According to the Official Disability Guidelines, compression garments are not generally recommended. 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. According to the medical records provided for review, the patient has previously been recommended and approved to undergo arthroscopic surgery to the right shoulder. The medical records do not provide any evidence to indicate the request of a Q-Tech DVT prevention system is medically justified. The request is not supported by the ODG, and therefore is not medically necessary.