

<b>Case Number:</b>	CM14-0112180		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/12/2009
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 31 year old female with an injury date on 05/12/2009. Based on the 06/05/2014 progress report provided by [REDACTED], the diagnoses are: Shoulder region disorders not elsewhere classified; Shoulder tend/burs; Shoulder rotator cuff tear. According to this report, the patient presents with chronic pain in the cervical, lumbar spines and residual pain in the right shoulder. The patient is status post right shoulder revision surgery in April of 2014. The patient had previous cervical epidural injection with "only short amount of improvement," unknown date of procedure. Physical exam reveals spasm and tenderness over the paravertebral muscles of the cervical and lumbar spine with decreased range of motion. MRI of the left shoulder on 02/21/2014 reveals normal findings. MRI of the lumbar spine on 05/23/2014 reveals 2mm right paracentral C5-C6 bulge effacing the ventral thecal sac and narrowing the right lateral recess unchanged compared to neutral study. There were no other significant findings noted on this report. The utilization review denied the request on 06/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/11/2013 to 07/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-Tech DVT Prevention System, rental x 21 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: Compression garments.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) DVT prophylaxis for arthroscopic knee surgery.

**Decision rationale:** ODG Guidelines states current evidence suggests DVT prevention is needed for inpatients undergoing many orthopedic, general, and cancer-surgery procedures and should be given for at least seven to 10 days. In addition, prolonged prophylaxis for four to five weeks also shows a net clinical benefit in high-risk patients and procedures. Review of the reports show no discussion that the patient is a high risk patient of DVT or the patient is undergoing a high risk procedure to be warranted a 21 use of the unit. As such, the request is not medically necessary.

**Q-Tech Cold Therapy System, rental x 21 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: Continuous flow cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter.

**Decision rationale:** Regarding cold therapy, ODG Guidelines recommended it as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. Review of reports show the patient is status post right shoulder revision surgery in April of 2014. The use of a Q-Tech Cold Therapy System appears reasonable; however the requested 21 days use exceed what is allowed per the guidelines. As such, the request is not medically necessary.

**Q Pain Pump - 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: Post-operative pain pumps.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain pump SHOULDER.

**Decision rationale:** According to the 06/05/2014 report by [REDACTED] this patient presents with chronic pain in the cervical, lumbar spines and residual pain in the right shoulder. The treater is requesting purchase of a Q Pain Pump but the treating physician's report and request for

authorization containing the request is not included in the file. ODG Guidelines state this device is not recommended. Given the lack of guideline support the request is not medically necessary.

**Pro-Sling II - purchase:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**Decision rationale:** According to the 06/05/2014 report by [REDACTED] this patient presents with chronic pain in the cervical, lumbar spines and residual pain in the right shoulder. The treater is requesting purchase of a Pro-sling but the treating physician's report and request for authorization containing the request is not included in the file. Regarding Pro-sling, ACOEM states it is recommended as an option for rotator cuff tears, or for AC joint strain. The requested pro-sling is supported by the guidelines, and is therefore 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 Official Disability Guidelines: Shoulder Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) page 116.

**Decision rationale:** According to the 06/05/2014 report by [REDACTED] this patient presents with chronic pain in the cervical, lumbar spines and residual pain in the right shoulder. The treater is requesting purchase of a half arm wrap but the treating physician's report and request for authorization containing the request is not included in the file. ODG Guidelines state this is not generally recommended in the shoulder. Given the lack of the guideline support, the request is not medically necessary.

**Abduction Pillow - 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: Postoperative abduction pillow sling.

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

**Decision rationale:** According to the 06/05/2014 report by [REDACTED] this patient presents with chronic pain in the cervical, lumbar spines and residual pain in the right shoulder. The treater is requesting purchase of an abduction pillow but the treating physician's report and

request for authorization containing the request is not included in the file. ODG indicated that a postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears. In this case the patient underwent a right shoulder revision surgery and there no indication the patient had "open repair of large and massive rotator cuff tears. As such, the request is not medically necessary.