

Case Number:	CM14-0143812		
Date Assigned:	09/12/2014	Date of Injury:	02/10/2009
Decision Date:	10/16/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/05/2014

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 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic brachial plexopathy, median neuropathy, ulnar neuropathy, neck pain and shoulder pain reportedly associated with an industrial injury of February 10, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; ulnar nerve decompression surgery; left carpal tunnel release surgery; and various interventional procedures for brachial plexopathy. In a Utilization Review Report dated August 6, 2014, the claims administrator denied a request for TENS unit, associated electrodes, a DVT prophylaxis device 30-day rental, and a vascutherm unit. The claims administrator stated that the applicant had underwent left median nerve decompression surgery on June 11, 2014 and that DME articles were requested on the same date. The applicant's attorney subsequently appealed. On June 11, 2014, the applicant did, in fact, undergo left ulnar nerve decompression surgery, left median nerve decompression surgery, and decompression of the left brachial plexus. On June 16, 2014, the applicant followed up in the clinic setting. The applicant's surgical incisions were reportedly healing well, with no evidence of infection. It was stated that suture removal was planned in one week's time.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS ELECTRODES: 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 CHAPTER

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Postoperative Pain topic. Page(s): 116-117.

Decision rationale: As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, rental of a TENS unit and/or associated supplies would be preferred over purchase during the 30 days following surgery. In this case, the attending provider seemingly sought authorization to purchase a TENS unit and provide associated electrodes beyond the 30 days of postoperative TENS use recommended on pages 116 and 117 of the MTUS Chronic Pain Medical Treatment Guidelines. No applicant-specific rationale was attached to the request for authorization, however, so as to justify provision of the device and/or associated supplies beyond the MTUS parameters. Therefore, the request is not medically necessary.

DVT PROPHYLAXIS WITH COLD COMPRESSION TID 30-DAY RENTAL: 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 CHAPTER

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Deep venous thromboembolism after arthroscopy of the shoulder: Two case reports and a review of the literature, Garofalo et al. 2. Product description.

Decision rationale: The MTUS not address the topics. As noted in the review article entitled Deep Venous Thromboembolism after Arthroscopy of the Shoulder, DVT is "very rare" after arthroscopy of the shoulder, one of the procedures which transpired here. Current Guidelines, per the review article, do not advice the administration of DVT prophylaxis after shoulder arthroscopy procedures, as transpired here. In this case, the applicant did not have any clearly stated personal history of prior DVTs/PEs, blood dyscrasias, family history of DVTs, smoking, neoplasm etc., which would have compelled provision of the DVT prophylaxis device. The DVT prophylaxis portion of the request is therefore not recommended. Similarly, the cool compression device, 30-day rental was likewise not medically necessary, medically appropriate, or indicated here. The MTUS likewise does not address the topic. As noted in ODG's Shoulder Chapter Continuous Flow Cryotherapy topic, continuous flow cryotherapy topic is recommended for up to seven days of postoperative use. ODG does not recommend continuous flow cryotherapy beyond seven days of postoperative use, noting that complications of cryotherapy such as frostbite could be quite devastating. Thus, there is no support in ODG for a 30-day provision of the cold compression device. Since both components of the request are not recommended, the entire request is not recommended. Accordingly, the request is not medically necessary.

VASCUTHERM UNIT: 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 CHAPTER

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation . Deep venous thromboembolism after arthroscopy of the shoulder: Two case reports and a review of the literature, Garofalo et al. 2. Product description.

Decision rationale: The MTUS does not address the topic. As noted above, Garofalo et al. note that current treatment guidelines do not advise the administration of DVT prophylaxis in shoulder arthroscopy procedures, as transpired here. Shoulder arthroscopies are considered low risk procedure for which routine DVT prophylaxis is not recommended, Garofalo notes. Again, the attending provider did not furnish any applicant-specific rationale for the device, such as personal history of DVTs/PEs, familial history of blood dyscrasias, personal history of smoking, personal history of cancer, etc. Therefore, the request is not medically necessary.

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Postoperative Pain Topic. Page(s): 116-117.

Decision rationale: While pages 116 and 117 of the MTUS Chronic Pain Medical Treatment Guidelines do recommend postoperative usage of a TENS unit in the first 30 days postsurgery, the MTUS qualifies this recommendation by noting the rental will be preferred over purchase during this 30-day postsurgical window. In this case, it appears that the attending provider seemingly sought authorization to purchase the device as opposed to simply providing it for 30-day postoperative rental purposes. The request, thus, as written, does not conform to MTUS parameters. Therefore, the request is not medically necessary.