

<b>Case Number:</b>	CM14-0147558		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 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 47-year-old male who has submitted a claim for Shoulder Tend/Burs associated with an industrial injury date of October 12, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of increasing pain in the area of the right shoulder. An MRI showed evidence of tendinosis as well as impingement of the shoulder but no frank rotator cuff tear. Treatment to date has included right shoulder diagnostic arthroscopy, extensive synovectomy, chondroplasty of the glenoid, arthroscopic subacromial decompression with resection of the CA ligament, arthroscopic repair of the labrum using a suture anchor from Arthrex, placement of a pain pump through a separate incision, injection of glenohumeral joint with Lidocaine for postop discomfort and application of a brace on August 1, 2014. Utilization review from August 26, 2014 denied the request for non-programmable pain pump, Pro-sling with abduction pillow, Q-tech DVT prevention system and Q-tech home therapy system for 21 days. The requests for the cold application device and anti-DVT wrap were denied because they are no better than conventional applications of cold. The requests for pain pump and Pro-Sling were denied because it is contraindicated in the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Non-programmable pain pump:** 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 (ODG), Shoulder Chapter, postoperative pain pump

**Decision rationale:** CA MTUS does not address pain pumps; however, the Official Disability Guidelines do not recommend postoperative pain pumps, with insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre- or post-operative pain control using oral, intramuscular or intravenous measures. In this case, there was no discussion on the indication for the use of a pain pump. There also was no discussion regarding contraindications to conventional pre- or post-operative pain control measures. Therefore, the request for a non-programmable pain pump is not medically necessary.

**Pro-sling with abduction pillow:** 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 (ODG), Shoulder, Postoperative Abduction Pillow Sling

**Decision rationale:** CA MTUS does not address abduction pillow slings; however, the Official Disability Guidelines recommends abduction pillow slings as an option following open repair of large and massive rotator cuff tears. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. In this case, the patient recently underwent arthroscopic repair of the shoulder. The guidelines state that abduction pillow slings are not used for arthroscopic repairs. Therefore, the request for a pro-sling with abduction pillow is not medically necessary.

**Q-tech DVT prevention system:** 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 (ODG,) Knee & Leg, Venous Thrombosis

**Decision rationale:** CA MTUS does not specifically address DVT prophylaxis; however, the Official Disability Guidelines recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing DVT and providing prophylactic measures. In the shoulder, risk is lower than in the knee and depends on: invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk); the postoperative immobilization period; and use of central venous catheters. Furthermore, the incidence of DVT

is very rare after shoulder arthroscopy. In this case, the patient underwent shoulder arthroscopy and there was no discussion regarding presence of complications, prolonged immobilization period, or use of central venous catheters. The medical records also do not identify the patient as being high risk for DVT. Moreover, the request did not mention if the device is for purchase or rental. Therefore, the request for a Q-tech DVT prevention system is not medically necessary.

**Q-tech home therapy system for 21 days: 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 (ODG), Shoulder Chapter, continuous flow cryotherapy

**Decision rationale:** CA MTUS does not specifically address continuous-flow cryotherapy; however, the Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, the request is for 21 days rental, which is beyond the guideline recommendations of postoperative use of up to 7 days. There is no discussion concerning need for variance from the guidelines. Therefore, the request for a Q-tech home therapy system for 21 days is not medically necessary.