

Case Number:	CM14-0160166		
Date Assigned:	10/03/2014	Date of Injury:	09/17/2013
Decision Date:	11/06/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/30/2014

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 Orthopedic Surgery 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:

This is a 42-year-old female with a 9/17/13 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/18/14, the patient had surgery on 8/8/14, it was a right shoulder arthroscopic decompression and partial distal clavectomy and she had a carpal tunnel release on the right wrist as well. She still had severe stabbing pain in her right shoulder and mild right wrist pain. Objective findings: restricted shoulder range of motion, neurological and circulatory intact. Diagnostic impression: right shoulder posttraumatic arthritis of the acromioclavicular joint with impingement, rule out rotator cuff tear; right elbow pain with probable ulnar neuropathy; right wrist carpal tunnel syndrome; status post anterior cervical discectomy and fusion at C5-C7, low back pain with radiculopathy. Treatment to date: medication management, activity modification, surgery. A UR decision dated 9/16/14 denied the requests for Q-tech cold therapy recovery system with wrap rental for 30 days, Q-tech DVT prevention system rental for 30 days, Pro-sling with abduction pillow, home rehab kit purchase, pain pump purchase, and shoulder CPM with pads rental for 30 days. Regarding Q-tech cold therapy recovery system with wrap rental for 30 days, the surgery occurred in August 2014, there is no documentation or indication in the records supporting home use of a cryotherapy unit this far out from surgery. Regarding Q-tech DVT prevention system rental for 30 days, compression garments are not generally recommended for the shoulder. The surgery occurred in August 2014. There is no specific documentation to support compression in this case. Regarding Pro-sling with abduction pillow, the operative report noted an arthroscopy with distal clavicle excision without physical examination findings or pathology to support the use of this sling. Regarding home rehab kit purchase, there is no objective documentation supporting the claimant has had postoperative formal physical therapy to date. A home exercise kit would not be supported at this time. Regarding pain pump purchase, there is no quality evidence supporting

the benefit or pain relief with the use of a pain pump following rotator cuff procedure. Regarding shoulder CPM with pads rental for 30 days, there is no objective documentation of failure of nonsurgical treatment postoperatively such as formal physical therapy to support the use of this device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Q-tech cold therapy recovery system with wrap rental 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Shoulder (Acute and Chronic) (Updated 8/27/2014)

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: CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, in the present case, the patient had surgery on 8/8/14 and guidelines only support cryotherapy as an option up to 7 days postoperatively. In addition, this is a request for a 30-day rental, and guidelines only support the postoperative use of 7 days. There is no rationale provided as to why the patient would require this treatment over one month post-op. Therefore, the request for Post-operative Q-tech cold therapy recovery system with wrap rental 30 days was not medically necessary.

Post-operative Q-tech DVT prevention system rental 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Shoulder (Acute and Chronic) (Updated 8/27/2014)

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

Decision rationale: CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, ODG states that while there are studies on continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. However, in the present case, the patient had surgery on 8/8/14 and guidelines only support continuous-flow cryotherapy as an option up to 7 days postoperatively. There is no rationale provided as to why the patient would require this treatment over one month post-op. In addition, there is no rationale identifying why

a cryotherapy unit would be insufficient. Furthermore there is no documentation that this patient has established risk factors for DVT. Therefore, the request for Post-operative Q-tech DVT prevention system rental 30 days was not medically necessary.

Post-operative Pro-sling with abduction pillow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Shoulder (Acute and Chronic) (Updated 8/27/2014)

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

Decision rationale: CA MTUS does not address this issue. ODG states that postoperative immobilization is not recommended; immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder". A specific rationale identifying why this a shoulder sling would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Post-operative Pro-sling with abduction pillow was not medically necessary.

Post-operative optimum home rehab kit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Shoulder (Acute and Chronic) (Updated 8/27/2014)

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 - Exercise Equipment

Decision rationale: CA MTUS does not address this issue. Before the requested exercise kit can be considered medically appropriate, it is reasonable to require documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. ODG states that exercise equipment is considered not primarily medical in nature, and that DME can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. However, in the present case, there is no documentation that the patient has been participating in a home exercise program that has been instructed by a medical provider, and there is no description of the exact contents of the kit being requested. A specific rationale identifying why a rehab kit would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Post-operative optimum home rehab kit purchase was not medically necessary.

Post-operative non-programmable pain pump-purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Shoulder (Acute and Chronic) (Updated 8/27/2014)

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

Decision rationale: CA MTUS does not address this issue. However, ODG does not recommend postoperative pain pumps, with insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre- or postoperative pain control using oral, intramuscular or intravenous measures. However, in the present case, there is no documentation that other methods of pain relief are insufficient. The patient is noted to be on oral pain medications. A specific rationale identifying why a pain pump would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Post-operative non-programmable pain pump-purchase was not medically necessary.

Post-operative shoulder CPM with pads-30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Shoulder (Acute and Chronic) (Updated 8/27/2014)

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

Decision rationale: CA MTUS does not address this issue. ODG does not consistently support the use of CPM in the postoperative management of rotator cuff tears; but CPM treatment for adhesive capsulitis provides better response in pain reduction than conventional physical therapy. However, in the present case, there is no documentation that the patient has a diagnosis of adhesive capsulitis. In addition, there is no documentation that the patient has had a trial and failure of physical therapy. A specific rationale identifying why this device would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Post-operative shoulder CPM with pads-30 day rental was not medically necessary.