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| Case Number: | CM14-0216859 | | |
| Date Assigned: | 01/06/2015 | Date of Injury: | 06/30/2011 |
| Decision Date: | 03/05/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 12/26/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 injured worker is a 42-year-old female who reported injury on 06/30/2011. The mechanism of injury was not submitted for review. It was noted 12/02/2014 that the injured worker was postoperative right shoulder arthroscopy with extensive intra-articular debridement. Subacromial decompression with bursectomy, release of coracoacromial ligament and anterior acromioplasty. Past medical treatments consist of physical therapy and medication therapy. Medications include Norco 5/325 mg. MRI of the right shoulder dated 12/26/2013 indicated no rotator cuff tear, there was slight degenerative changes of the subcortical cyst in the humeral head. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure 2 Moist Digital Heat Unit DY #30 Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The request for Thermacare 2 moist digital heat unit DY #30 purchase is not medically necessary. The ACOEM Guidelines state indications for the use of the unit are acute, subacute or chronic low back pain. Frequency/Dose are self-applications by periodic or continuous and include different regimens to include 15 to 20 minutes, 3 times to 5 times a day. These applications should be home based as there is no evidence for particular efficacy of provider based heat treatments. The guidelines support the use of self-applications of low tech, over the counter, cold and heat packs for acute injuries of the low back and during flare ups. Given the above, the request would not be indicated. As such, the request for Thermacare 2 moist digital heat unit is not medically necessary.

Pneumatic Compressor, Segmental, Full Arm (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: The request for pneumatic compressor, segmental, full arm (purchase) is not medically necessary. The Official Disability Guidelines state that compression garments are not generally recommended in the shoulder. Deep vein thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery, but they are not rare following upper extremity surgery, especially shoulder arthroscopy. It is recommended to perform a thorough preoperative workup to uncover possible risk factors for deep vein thrombosis/pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. Although variability exists in the reported incidence of VTE, surgeons should be aware of the potential for this serious complication after shoulder arthroplasty. Given the above, the request would not be indicated. As such, the request is non-certified.