

Case Number:	CM15-0113676		
Date Assigned:	06/22/2015	Date of Injury:	04/24/2013
Decision Date:	07/21/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/12/2015

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: Preventive Medicine, Occupational 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 45-year-old female who sustained an industrial injury on 4/24/1013 resulting in chronic right shoulder pain. She was diagnosed with shoulder impingement, shoulder rotator cuff tear, and wrist trend and bursitis. Treatment included right shoulder arthroscopy with subacromial decompression and arthrotomy with rotator cuff repair. The treating physician's plan of care included post op use of abduction pillow, rental of Q-Tech continuous-flow cryotherapy device for post-op pain and swelling, and a non-programmable pain pump purchase to assist in pain management. Additional planned interventions include physical therapy and pain medication. Work Status - temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech rental 21 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder 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 Shoulder - Continuous Flow Cryotherapy.

Decision rationale: MTUS Guidelines do not address this specific issue. The ODG Guidelines address this issue in detail and recommend up to 7 days post op use as the maximum medically necessary. There are no unusual circumstances to justify an exception to Guidelines. The request for the Q-tech rental 21 days is not supported by Guidelines and is not medically necessary.

Non-programmable pain pump purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, post operative pain pump.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder - Post Operative Pain Pumps.

Decision rationale: MTUS Guidelines do not address this specific issue. ODG Guidelines address this request and the Guidelines are very specific in stating that it is not recommended. The better quality studies do not show a benefit with its use and there is an increased potential for complications. There are no unusual circumstances to justify an exception to Guidelines. The Non-programmable pain pump purchase is not supported by Guidelines and is not medically necessary.