

Case Number:	CM15-0095004		
Date Assigned:	05/22/2015	Date of Injury:	02/12/2014
Decision Date:	06/30/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/19/2015

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: Internal 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 36-year-old male, who sustained an industrial injury on 2/12/14. The injured worker has complaints of left shoulder pain and lumbar spine pain. The documentation noted that there are spasm and tenderness observed in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. The diagnoses have included disorders of bursae and tendons in shoulder region, unspecified. Treatment to date has included left shoulder arthroscopy with subacromial decompression and labrum repair; electromyography /nerve conduction study was within normal limits; anaprox; norflex; prilosec and tramadol. The request was for 21 day use of a Q-tech cold therapy recovery system with wrap; pro-sling with abduction pillow purchase and pain pump purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 day use of a Q-tech cold therapy recovery system with wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Continuous-flow cryotherapy, Cold compression therapy, Compression garments.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses physical modalities. American College of Occupational and Environmental Medicine (ACOEM) Chapter 9 Shoulder Complaints indicates that physical modalities are not supported by high-quality medical studies. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) indicate 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. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) states that compression garments are not generally recommended in the shoulder. Cold compression therapy is not recommended in the shoulder, as there are no published studies. Medical records document that left shoulder arthroscopy with subacromial decompression and labrum repair was performed on April 3, 2015. The operative report dated 4/3/15 documented of the Left shoulder impingement. Left shoulder diagnostic arthroscopy, partial synovectomy, chondroplasty glenoid, arthroscopic subacromial decompression with resection of the CA coracoacromial ligament were performed. The request was for 21-day use of a Q-tech cold therapy recovery system with wrap. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) indicate 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. The request for a 21-day rental exceeds ODG guideline recommendations. MTUS, ACOEM, or ODG guidelines do not support the request for a cold therapy device. Therefore, the request for 21-day use of a Q-tech cold therapy recovery system with wrap is not medically necessary.

Pro-sling with abduction pillow purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Immobilization, Postoperative abduction pillow sling.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses immobilization. American College of Occupational and Environmental Medicine (ACOEM) Chapter 9 Shoulder Complaints states prolonged use of a sling only for symptom control is not recommended. If indicated, the joint can be kept at rest in a sling. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) state that immobilization is not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment. Postoperative abduction pillow sling is recommended 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. Medical records document that left shoulder arthroscopy with subacromial decompression and labrum repair was performed on April 3, 2015. The operative report dated 4/3/15 documented of the Left shoulder impingement. Left shoulder diagnostic arthroscopy, partial synovectomy, chondroplasty glenoid, arthroscopic subacromial decompression with resection of the CA coracoacromial ligament were performed. Official Disability Guidelines (ODG) indicates that postoperative abduction pillow slings are not used

for arthroscopic repairs. Medical records indicate arthroscopic repair. Therefore, the request for a pro-sling with abduction pillow purchase is not supported by ODG guidelines. Therefore, the request for pro-sling with abduction pillow purchase is not medically necessary.

Pain pump purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Postoperative pain pump.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address the postoperative pain pump. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) indicate that a postoperative pain pump is not recommended. Three recent randomized controlled trials did not support the use of pain pumps. Medical records document that left shoulder arthroscopy with subacromial decompression and labrum repair was performed on April 3, 2015. The operative report dated 4/3/15 documented of the Left shoulder impingement. Left shoulder diagnostic arthroscopy, partial synovectomy, chondroplasty glenoid, arthroscopic subacromial decompression with resection of the CA coracoacromial ligament were performed. Official Disability Guidelines (ODG) indicates that a postoperative pain pump is not recommended. The request for a pain pump purchase is not supported by ODG guidelines. Therefore, the request for pain pump purchase is not medically necessary.