

Case Number:	CM14-0141808		
Date Assigned:	09/10/2014	Date of Injury:	03/25/2013
Decision Date:	10/16/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/02/2014

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 Nevada. 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 records presented for review indicate that this 58-year-old female was reportedly injured on March 25, 2013. The most recent progress note, dated August 4, 2014, indicates that there were ongoing complaints of right shoulder pain. The physical examination demonstrated right shoulder muscle strength of 4/5 and improving range of motion. Flexion and abduction was noted to be to 110. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a shoulder surgery and physical therapy. A request had been made for a nonprogrammable pain pump, a Q tech cold therapy recovery system, and a Q tech DVT prevention system and was not certified in the pre-authorization process on August 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Non-programmable pain pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Implantable Drug Delivery System, Updated October 6, 2014

Decision rationale: According to the attached medical records the injured employee completed a right shoulder surgery on May 23, 2014, and as of the progress note dated August 4, 2014 is stated to be improving. Considering this, the request for a nonprogrammable pain pump is not medically necessary.

1 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(ODG), Shoulder (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous Flow Cryotherapy, Updated August 27, 2014

Decision rationale: According to the Official Disability Guidelines the use of a continuous flow cryotherapy unit is recommended during this first seven days after surgery to decrease pain, inflammation, and the need for opioid pain medications. As the injured employees shoulder surgery was on May 23, 2014, this request for a Q tech cold therapy recovery system is not medically necessary.

1 Q-tech DVT prevention system: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Shoulder (Acute & Chronic)

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, Venous Thrombosis, Updated October 7, 2014.

Decision rationale: It is unclear why there is a request for a DVT prevention system for the injured employee when they had an upper extremity surgery and are ambulatory afterwards. Considering this, the request for a Q tech DVT prevention system is not medically necessary.