

Case Number:	CM13-0001053		
Date Assigned:	12/11/2013	Date of Injury:	02/06/2013
Decision Date:	01/27/2014	UR Denial Date:	06/26/2013
Priority:	Standard	Application Received:	07/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine, 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 physician 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 claimant is a 37 yr old male who sustained a right shoulder injury with posterior AC joint separation while working on a ladder on 2/6/13. Prior therapy has included ice, sling, and analgesics. An orthopedic consultation had recommended surgical intervention. On 4/25/13 the claimant underwent AC joint reconstruction with allograft placement and a Mumford procedure. Post-operatively a sequential compression device was recommended for prevention of DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 day rental of a sequential compression device 4/25/13 for right shoulder surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Surgery.

Decision rationale: THE MTUS and ACOEM do not make recommendations of compression. According to the ODG guidelines: Compression garments are not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough

preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. The documentation does not indicate that the claimant is at high risk or requires anticoagulation. Since the procedure is low risk for (DVT) deep vein thrombosis, the routine use for compression garment is not medically necessary.