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| Case Number: | CM13-0017473 | | |
| Date Assigned: | 10/01/2013 | Date of Injury: | 04/27/2011 |
| Decision Date: | 01/21/2014 | UR Denial Date: | 08/07/2013 |
| Priority: | Standard | Application Received: | 08/19/2013 |

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 Orthopedic Surgery, has a subspecialty in Reconstructive Surgery and is licensed to practice in Illinois, Texas and West Virginia. 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.

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 patient is a 60-year-old female who reported an injury on 04/27/2011. The mechanism of injury was noted to be a fall. Her diagnoses included rotator cuff tendonitis with impingement syndrome of the left shoulder, acromioclavicular joint arthritis, and possible partial rotator cuff tear. She had arthroscopic left shoulder surgery to repair the rotator cuff, as well as subacromial decompression, extensive partial bursectomy, resection of the distal clavicle, and extensive intra-articular shaving and debridement including anterior, superior, and posterior labrum and the undersurface of the rotator cuff tendon. A recommendation was made for postoperative intermittent pneumatic compression device and 2 segmental gradient pressure pneumatic appliances.

IMR ISSUES, DECISIONS AND RATIONALES

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

An intermittent pneumatic compression device: 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, Compression garments.

Decision rationale: The ODG state that compression garments are not generally recommended in the shoulder. They state that deep vein thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery, but they are rare following upper extremity surgery, especially shoulder arthroscopy. As the patient was noted to have arthroscopic surgery to the left shoulder, and guidelines state that compression is not recommended following this surgery, the request is not supported by guidelines. The request for a pneumatic compression device is not medically necessary and appropriate.

two segmental gradient pressure appliances: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary item is not medically necessary, none of the associated items are medically necessary.