

Case Number:	CM13-0023655		
Date Assigned:	12/04/2013	Date of Injury:	09/18/2012
Decision Date:	01/21/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/12/2013

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, and is licensed to practice in Connecticut. 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 46-year-old gentleman injured 09/24/12 sustaining an injury to the right shoulder. Clinical records available for review indicate that following a course of conservative care recent recommendations were for a right shoulder arthroscopy with rotator cuff repair, biceps tenodesis, and subacromial decompression, all to be performed arthroscopically. A request at that time was also the need for sequential compression devices to be used perioperatively for the outpatient arthroscopic procedure in question. It is unclear as to what date the claimant's surgical process took place or if it has taken place at present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sequential compression device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, 2013, Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Forearm/Wrist/hand Procedure

Decision rationale: According to the Official Disability Guidelines, the role of compression devices in this case would not be indicated. Compression devices can be used as an option to reduce edema after acute injury or in indications where claimants are at risk for significant thrombolytic event. In this case the claimant has to undergo a right shoulder outpatient arthroscopy to the shoulder. His clinical records fail to demonstrate significant risk factors that would put him at sustained risk for thrombolytic event. There would be nothing indicating weight bearing status changes to his lower extremities following the procedure. The request for a Sequential compression device is not medically necessary and appropriate.