

Case Number:	CM13-0028417		
Date Assigned:	11/27/2013	Date of Injury:	08/15/2009
Decision Date:	02/21/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/24/2013

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 New Hampshire, New York, and Washington. 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 patient's date of injury is August 15, 2009. The mechanism of injury is not documented in the records. On physical examination the patient's left shoulder range of motion in forward flexion was 0-275°, external rotation was 0-40° and internal rotation was to 6°. Hawkins sign was positive for impingement with weakness in abduction testing. The patient has an MRI of the left shoulder from March 2013. The physician's interpretation of the MRI indicates that there is a partial thickness rotator cuff tear. There is also mild acromioclavicular joint arthritis. There are degenerative changes in the superior labrum. The patient was diagnosed with a rotator cuff tear. The patient has had 6 months of intermittent treatment and that included stretching, strengthening, and achieving range of motion. The patient continues to be symptomatic. At issue is whether compression wraps for the upper extremity are medically necessary for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of half arm wrap (E0655): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous-flow Cryotherapy. Official Disability Guidelines (ODG) Knee and Leg, Compression Garments.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous-flow Cryotherapy. Official Disability Guidelines (ODG) Knee and Leg, Compression Garments.

Decision rationale: The medical records do not provide a rationale as to risk factors or clinical reasoning to support the indication for venous thrombosis prophylaxis equipment in this case. The patient is not identified as having significant risk factors for upper extremity venous thrombosis. Criteria for venous thrombosis wrap are not met.

Thirty day rental of universal therapy wrap (E0249): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation ODG Shoulder (updated 06/12/13) Continuous-flow cryotherapy. ODG Knee and Leg (updated 06/07/13) Compression Garments.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous-flow Cryotherapy. Official Disability Guidelines (ODG) Knee and Leg, Compression Garments.

Decision rationale: This patient does not have any identified risk factors for deep venous thrombosis in the upper extremity. The medical records do not include any evidence of an indication for the use of a compressive wrap in the upper extremity. Criteria for the use of universal therapy wrap not met.

Twenty-one day rental of Q-tech recovery system with wrap (E1399): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation ODG Shoulder (updated 06/12/13) Continuous-flow cryotherapy. ODG Knee and Leg (updated 06/07/13) Compression Garments.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous-flow Cryotherapy. Official Disability Guidelines (ODG) Knee and Leg, Compression Garments.

Decision rationale: There is no medical necessity for the use of an upper extremity wrap system in the medical records. The patient does not have any evidence of the need for deep venous thrombosis prophylaxis in the upper extremity. The patient does not have any evidence of risk factors for deep venous thrombosis in the upper extremity. Criteria for compression wrap are not met.