

Case Number:	CM13-0038238		
Date Assigned:	12/18/2013	Date of Injury:	09/15/2009
Decision Date:	10/15/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/30/2013

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 Occupational 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 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:

This 28 year old patient had a date of injury on 9/15/2009. The mechanism of injury was hurting his left shoulder and arm when sliding a box down from a shelf. There were no progress notes or physical exams prior to 3/12/2013 provided in the records reviewed. The diagnostic impression shows failed multiple shoulder surgeries for recurrent dislocation of shoulder. Treatment to date: medication therapy, behavioral modification, physical therapy, shoulder surgery on 1/30/2013A UR decision dated 9/26/2013 denied the request for pressure pneumatic appliances half leg 2 each issued 1/30/2013, stating that there is no indication that this patient is at risk for DVT due to medical history, nor was there indication she was immobilized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pressure Pneumatic appliances half leg 2 each issued 1/30/13: 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 Other Medical Treatment Guideline or Medical Evidence: Aetna: intermittent pneumatic compression devices

Decision rationale: CA MTUS does not address this issue. Aetna considers full leg or half leg pneumatic compression devices for home use medically necessary durable medical equipment for the treatment of chronic venous insufficiency of the legs of members who have venous stasis ulcers that have failed to heal after a 6 month trial of conservative therapy directed by the treating physician. It is considered medically necessary to reduce the chances of deep vein thrombosis for members that are unable to walk or bedridden. In the reports viewed, the earliest progress note provided for review was 3/12/2013, and this request was for a service dated 1/30/2013. A request cannot be certified without clinical information documented during or near the time of the request. Therefore, the request for pressure pneumatic appliance half leg each on 1/30/2013 is not medically necessary.