

Case Number:	CM13-0040952		
Date Assigned:	12/20/2013	Date of Injury:	03/06/2012
Decision Date:	03/05/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine & Rehabilitation 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 patient is a 55-year-old male who reported an injury on 03/06/2012 after he was pushing a heavy object up a ramp which reportedly caused severe pain to his bilateral shoulders. Prior treatments included medications, injections, physical therapy and a home exercise program. The patient underwent left shoulder rotator cuff repair in 10/2012 that was followed by postsurgical medications and physical therapy. The patient underwent right shoulder rotator cuff repair in 02/2013, followed by medications and physical therapy. The patient's most recent clinical evaluation indicated that the patient was participating in a home exercise program with improvement. Physical findings included a relatively normal examination with normal range of motion and normal grip strength bilaterally, with negative orthopedic tests. The patient's diagnoses included rotator cuff tear bilaterally, pain in shoulders bilaterally, and impingement syndrome bilaterally. The patient's treatment plan included returning to work without restrictions, ice to the bilateral shoulders as needed, and continuation of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Segmental Gradient Pressure Pneumatic Appliance half leg: 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 Chapter, Venous thrombosis.

Decision rationale: The requested 2 segmental gradient pressure pneumatic appliance, half leg, is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence that the patient is nonambulatory or at risk for development of a deep vein thrombosis. The clinical documentation does not provide any evidence that the patient is a candidate for surgical intervention which may put them at risk for development of a deep vein thrombosis. Official Disability Guidelines recommend compression garments for patients who are at risk for developing deep vein thrombosis during a period of immobilization. As the clinical documentation does not support that the patient is immobile, is participating in a home exercise program, and has returned to work without restrictions, the need for this type of equipment is not clearly established. As such, the requested 2 segmental gradient pressure pneumatic appliance, half leg, is not medically necessary or appropriate.

Rental of Deep Vein Thrombosis/Intermittent 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 Chapter, Venous thrombosis.

Decision rationale: The requested rental of DVT/intermittent compression device is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence that the patient is nonambulatory or at risk for development of a deep vein thrombosis. The clinical documentation does not provide any evidence that the patient is a candidate for surgical intervention which may put them at risk for development of a deep vein thrombosis. Official Disability Guidelines recommend compression garments for patients who are at risk for developing deep vein thrombosis during a period of immobilization. As the clinical documentation does not support that the patient is immobile, is participating in a home exercise program, and has returned to work without restrictions, the need for this type of equipment is not clearly established. As such, the requested rental of DVT/intermittent compression device is not medically necessary or appropriate.