

Case Number:	CM13-0045160		
Date Assigned:	12/27/2013	Date of Injury:	04/09/2013
Decision Date:	03/05/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/30/2013

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 Family Practice 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 29-year-old injured worker who reported an injury on 04/09/2013 due to pulling a heavy garbage can that reportedly caused injury to the left shoulder. The patient was initially treated conservatively with medications and physical therapy. The patient failed to progress with conservative treatments, and surgical intervention was rendered. The patient's treatment plan included postsurgical management with physical therapy and a compression device.

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 (ODG)-TWC Knee and leg Procedure Summary.

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, Compression garments.

Decision rationale: The Official Disability Guidelines (ODG) state the compression garments are not generally recommended for patients undergoing shoulder surgery unless there is a significant risk for postsurgical deep vein thrombosis or pulmonary embolism as this is a rare

occurrence for shoulder surgery. The clinical documentation submitted for review does not provide any evidence that the patient is at significant risk for development of postsurgical pulmonary embolism or deep vein thrombosis of the upper extremities. Additionally, the need for a mechanical device is not supported as the documentation submitted for review does not provide any evidence that the patient has failed to respond to lower levels of compression garments. The Retrospective request for Sequential compression device, DOS 8/22/2013 is not medically necessary and appropriate.