

Case Number:	CM13-0052643		
Date Assigned:	12/30/2013	Date of Injury:	03/30/2010
Decision Date:	05/02/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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:

The injured worker is a 59-year-old male who reported an injury on 03/30/2010. The mechanism of injury was not stated. The injured worker is diagnosed as status post rotator cuff repair. An operative report was submitted on 08/09/2013, indicating that the injured worker underwent a diagnostic arthroscopy with open rotator cuff repair. The injured worker was then evaluated on 09/03/2013. The injured worker reported improving right shoulder symptoms. Physical examination revealed intact sensation and a well-healed incision. Treatment recommendations at that time included physical therapy twice per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DVT intermittent compression device rental (8/9/13): 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) Shoulder Chapter, Venous thrombosis.

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: Official Disability Guidelines state compression garments are not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery, but they are rare following upper extremity surgery, especially shoulder arthroscopy. Therefore, the medical necessity for the requested durable medical equipment has not been established. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.