

Case Number:	CM13-0061331		
Date Assigned:	12/30/2013	Date of Injury:	01/21/2012
Decision Date:	04/18/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/04/2013

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 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 48 year old male injured in a work related accident on January 21, 2012. The specific request is for peri-operative use of sequential compressive devices for the intra-operative procedure performed on October 10, 2013. The records specific to that date indicated the patient underwent a left shoulder arthroscopic procedure with rotator cuff and labral debridement, subacromial decompression and foreign body removal. A review of the clinical records failed to demonstrate a history of venothrombolytic disease or a vascular diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-operative sequential compression device used on 10/10/13: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, and 2013 Updates

Decision rationale: The MTUS Guidelines are silent. When looking at the Official Disability Guidelines, the request for use of the intra-operative sequential compression device on 10/10/13 cannot be supported as medically necessary. The claimant underwent an outpatient arthroscopic

procedure to the shoulder. There is no documentation within the records provided for review of a history of lower extremity diagnosis or issues for venothrombolytic disease. In the absence of documentation of risk factors or co morbidities, the request for the compression device is not indicated.