

Case Number:	CM13-0066920		
Date Assigned:	01/03/2014	Date of Injury:	09/16/2010
Decision Date:	04/04/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/11/2013

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 and Rehabilitation, has a subspecialty in Pain 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 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 68-year-old female who reported an injury on 09/16/2010. The mechanism of injury was not provided for review. The patient ultimately underwent surgical intervention for the left shoulder in 10/2013. The patient's most recent clinical examination findings documented that the patient has persistent swelling over the acromioclavicular joint with no evidence of infection and limited range of motion secondary to pain and stiffness. The patient's diagnoses included status post left shoulder arthroscopic examination and surgery, with subacromial decompression and Mumford procedure, impingement syndrome of the left shoulder, acromioclavicular osteoarthritis, subacromial bursitis. The patient's treatment plan included discontinuation of physical therapy until the patient's swelling subsided; home exercise programs; and medication usage. A request was made for a mechanical compression appliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Segmental gradient pressure appliance (x2) rental (x1-30 days), compression stocking:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and Aetna Clinical Policy Bulletin

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 requested segmental gradient pressure appliance x2 rental x1 for 30 days is not medically necessary or appropriate. Official Disability Guidelines do not generally recommend compression garments for the upper extremities following shoulder surgery. However, mechanical or chemical prophylaxis can be administered to patients with significant risk for developing deep vein thrombosis following surgical intervention. The clinical documentation submitted for review does not provide any evidence that the patient is at risk for development of a DVT that would not respond to non-mechanical compression garment. Therefore, the need for a 30-day rental of a mechanical device is not clearly indicated. Clinical documentation submitted for review does not provide any evidence in the postsurgical evaluation that the patient is suspected of developing a thrombosis. Therefore, the need for a mechanical device as a prophylactic measure is not indicated. As such, the requested segmental gradient pressure appliance x2 rental x1 for 30 days, compression stocking is not medically necessary or appropriate.