MAXIMUS Federal Services

Case Number:	CM13-0071864		
Date Assigned:	01/08/2014	Date of Injury:	06/27/2012
Decision Date:	06/16/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/30/2013

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 Occupational Medicine 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 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 patient is a 34 year old female who was injured on 06/27/2012. She sustained an injury to her shoulder at work. The mechanism of injury is unknown. The patient underwent right shoulder surgery resolving a SLAP lesion around 04/12/2013 with poor results. She underwent arthroscopy of the right shoulder with complete synovectomy, arthroscopy of the right shoulder with wide debridement, right shoulder acromioplasty, right shoulder coracoacromial ligament release, and an injection to the right shoulder on 04/12/2013. The is taking morphine 15 mg two twice daily and Maxalt 10 mg prn. Pain management consultation dated 12/02/2013 indicates the patient reports her shoulder is becoming worse. She began to develop popping, clicking and soreness in the shoulder which radiated to her neck causing an increase in frequency of migraine cephalgia. The surgery did not seem to help and her discomfort seemed to increase. She has tried a lot of physical therapy but this did not seem to do anything but make it worse. The patient is placed on Oxycodone to help with the pain but this made her very anxious and nervous. On examination of the bilateral shoulders, the patient has positive tenderness on the clavicle, acromioclavicular articulation, acromion, and subdeltoid bursa; all on the right shoulder; left shoulder is nontender. The range of motion exhibits abduction to 104 degrees on the right and flexion to 110 degrees on the right. There is some weakness to the right biceps in comparison to the left. Sensation is intact and symmetric bilaterally. Impression is rotator cuff syndrome with possible SLAP lesion.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERMITTENT PNEUMATIC COMPRESSION DEVICE RENTAL FOR 30 DAYS: 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), knee and Leg Chapter, Compression Garment Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee and Leg Chapter, Compression Garment Section.

Decision rationale: According to the Official Disability Guidelines (ODG) compression garments are not generally recommended in the shoulder or following shoulder arthroscopy. While they may be indicated in this case due to special circumstances, no rationale for this request is provided in the available records. Further, the number of days requested appears to be excessive. As such, the medical necessity is not established