

<b>Case Number:</b>	CM14-0001145		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 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 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:

This is a 49-year-old female who sustained an injury to the right shoulder on 11/13/12. The medical records provided for review included an operative report dated 5/8/13 describing that the claimant underwent a right shoulder arthroscopic rotator cuff repair, decompression, and distal clavicle excision. There was a specific request for a pneumatic intermittent compression device utilized at the time of surgery. The records for review did not contain any medical evidence regarding the request for use of the pneumatic intermittent compression device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE PNEUMATIC INTERMITTENT COMPRESSION DEVICE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Arthroscopy, Alabama Sports Medicine and Orthopaedic Center.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Procedures, Vasopneumatic Devices

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address the pneumatic intermittent compression device. Based upon the Official Disability Guidelines

criteria, the retrospective request for the pneumatic intermittent compression device cannot be recommended as medically necessary. There is no documentation in the medical records provided for review that indicates that this claimant was at increased risk for a venothrombotic event during the right shoulder arthroscopic outpatient surgery performed. The specific request for the device in question would, thus, not be supported.