

<b>Case Number:</b>	CM14-0004190		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 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 67-year-old male with a reported date of injury on 08/24/2011. The mechanism of injury was reported as a trip and fall. The injured worker presented with continued pain in the right shoulder. The clinical information indicated the injured worker underwent a right shoulder arthroscopy with arthroscopic subacromial decompression with open repair of rotator cuff tear on 02/03/2012. The MRI of the right shoulder dated 10/26/2012 revealed tendinopathy and partial-thickness rotator cuff tear, hypertrophy of the acromioclavicular joint with impingement, osteoarthritis, and possible minimal tear involving the posterior glenoid labrum. Upon physical examination, the right shoulder range of motion revealed abduction to 110 degrees, flexion to 130 degrees, and restriction with internal and external rotation. The physician indicated there was a need for arthroscopy with arthroscopic surgery to the right shoulder to include extensive debridement of the subacromial bursa and rotator cuff. Previous physical therapy and conservative care was not provided within the documentation available for review. The injured worker's diagnosis included partial-thickness tear of the rotator cuff, AC joint impingement, osteoarthritis of the right AC joint, and postop arthroscopy on 02/03/2012. The injured worker's medication regimen included tramadol and Norco. The Request for Authorization for durable medical equipment request for compression pump with stockings was submitted on 01/10/2014. The request for durable medical equipment for compression pump with stocking was indicated to be utilized postoperatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **A COMPRESSION PUMP WITH STOCKING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Compression Garments.

**Decision rationale:** The Official Disability Guidelines do not generally recommend compression garments in the shoulder. Deep vein thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery, but they are rare following upper extremity surgery, especially shoulder arthroscopy. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. The rationale for the request indicated that the injured worker was to utilize the compression pump with stockings postoperatively. The clinical information provided for review lacks documentation related to the surgery being scheduled or performed. In addition, the guidelines do not recommend compression garments in the shoulder. In addition, the request as submitted failed to provide the specific site in which the decompression pump was to be utilized. Therefore, the request for durable medical equipment request for compression pump with stockings is not medically necessary.