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| Case Number: | CM14-0007034 | | |
| Date Assigned: | 01/29/2014 | Date of Injury: | 11/21/2011 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 01/03/2014 |
| Priority: | Standard | Application Received: | 01/16/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 47 year-old male with an 11/21/11 date of injury. He is status post rotator cuff repair on 10/23/13 with 18 sessions of postoperative physical therapy. The patient was seen on 1/7/14 and was noted to be making progress but still had some range of motion deficits and discomfort. Exam findings revealed some limitation of shoulder range of motion, and neurovascular status was intact. The diagnosis is status post rotator cuff repair. Treatment to date: rotator cuff repair, PT, medications. An adverse determination was received on 1/3/14 given a compression device is appropriate for surgical procedures but not indicated for long term use as there is no data to indicate this patient was at an increased risk for developing a DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERMITTENT LIMB COMPRESSION DEVICE FOR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 garments).

Decision rationale: The CA MTUS does not address this issue. ODG states that compression garments are recommended and are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT); and at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. This patient had a rotator cuff repair on 10/23/13 and had 18 sessions of physical therapy post operative. Exam findings are limited to the patient's range of motion post operatively and are scant. The rationale for a compression garment at this time is not completely understood, as the patient is not at increase risk for deep venous thrombosis and is ambulatory. In addition, there was no mention of a rationale for this garment in any progress notes. Therefore, the request for a compression garment was not medically necessary.