

Case Number:	CM14-0008580		
Date Assigned:	02/12/2014	Date of Injury:	09/29/2010
Decision Date:	07/21/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/21/2014

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:

The patient is a 43-year-old male who has submitted a claim for Shoulder Bursitis associated with an industrial injury date of September 29, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent left shoulder pain and lumbar spine symptoms. Left shoulder forward flexion and abduction were within normal limits. Treatment to date has included medications, left shoulder arthroscopic subacromial decompression and bursectomy (February 1, 2013), left shoulder superior labrum anterior and posterior repair with subacromial decompression and distal clavicle resection (September 10, 2013), physical therapy, and home exercise program. Utilization review from January 2, 2014 denied the request for TPVT-01 Triple play VT pump with deep vein thrombosis calf wrap (pair) and extenders (pair) for DOS 9/10/2013. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TPVT-01 TRIPLE PLAY VT PUMP W/ DVT CALF WRAP (PAIR) AND EXTENDERS (PAIR) FOR DOS 9/10/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Vasopneumatic Devices.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not specifically address vasopneumatic devices. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling. In this case, the medical records failed to provide evidence of leg edema or swelling post-surgery. A clear rationale for the requested device was also not provided. Therefore, the request for TPVT-01 Triple play VT pump with deep vein thrombosis calf wrap (pair) and extenders (pair) for DOS 9/10/2013 is not medically necessary.