

Case Number:	CM14-0102468		
Date Assigned:	07/30/2014	Date of Injury:	07/30/2012
Decision Date:	10/03/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/02/2014

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 Internal 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 injured worker is a 47 year old male who sustained an injury to his right shoulder on 07/30/12 when he slipped on a wet surface, causing his right arm to strike a wall. The injured worker subsequently underwent right shoulder arthroscopy, rotator cuff re-tear repair, distal clavicle excision, debridement of large acromial spur, and subacromial decompression/acromioplasty followed by manipulation under anesthesia and capsular releases. Physical therapy note dated 06/03/14 marked the 23rd out of 24th post-operative visit. The injured worker was frustrated with lack of progress. Physical examination noted right shoulder range of motion seated flexion 140 degrees, abduction 134 degrees; supine flexion 155 degrees, abduction 154 degrees, external rotation 72 degrees, internal rotation 71 degrees; manual muscle testing flexion 5/5, abduction, internal rotation, and external rotation 4+/5 that was painful with resistance. The injured worker was assessed to be making gains in range of motion, but still painful range of motion. It was also noted that the injured worker was getting stronger.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO - DVT INTERMITTENT PNEUMATIC COMPRESSION DEVICE: Upheld

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

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

Decision rationale: The retrospective request for DVT intermittent pneumatic compression device is not medically necessary. Previous request was denied on the basis that there was lack of information in the records available. The Official Disability Guidelines state that compression garments are not generally recommended in the shoulder. Deep vein thrombosis and pulmonary embolism events are common complications following lower extremities orthopedic surgery, but they are rare following upper extremities surgery, especially shoulder arthroscopy. Mechanical or chemical prophylaxis should be administered for injured workers with identified coagulopathic risk factors. No information was submitted indicating the injured worker is "at risk" for DVT. Given this, the request for DVT intermittent pneumatic compression device is not indicated as medically necessary.