

Case Number:	CM14-0105199		
Date Assigned:	07/30/2014	Date of Injury:	07/01/1992
Decision Date:	10/10/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/08/2014

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 Occupational 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:

There were 65 pages provided for this review. The application for independent medical review was signed on July 8, 2014. It was for the rental of a pneumatic intermittent compression device and for an abduction pillow. Per the records provided, there was a Network Medical Review dated June 17, 2014. The date of injury was back on July 1, 1992. The patient had a torn rotator cuff. The patient failed conservative treatment and was scheduled for possible arthroscopic rotator cuff repair. There were no documented risk factors that will cause increased deep venous thrombosis. There was an Agreed Medical Exam from January 8, 2014. The patient complained of constant sharp, shooting, throbbing neck pain that radiated into her head and caused migraines, and shoulder and mid to lower back pain. The pain was 7 on a 0 to 10 scale. There was also a right shoulder pain, left shoulder pain and right hand pain and left-hand pain. The medical problem was first noted in the year 1992, now almost 22 years ago, while working for [REDACTED]. She said her accident occurred from repetitive motion for doing the same thing for 40 years. As of October 24, 2013 the patient continued with lumbar spine pain that went to the right hip. There was also some right knee pain. Her job required continuous and repetitive gripping, seldom reaching overhead, occasional reaching forward, occasional standing, continuous sitting and other activities. She is married with two children. The diagnosis was a mild ligamentous cervical spine sprain-strain and cervical spondylosis. There was cervical radiculopathy at C5-C6 per the EMG, tendinitis and impingement syndrome of both shoulders for the MRI scan, and glenoid labral tear of both shoulders based on the MRI scan, acromioclavicular joint arthrosis of both shoulders, history of multilevel upper extremity surgical procedures dates and specific procedures unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of 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 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) Low back, compression DME and DVT prophylaxis.

Decision rationale: The MTUS is silent on such devices. The ODG notes in regards for compressive devices for deep venous thrombosis prevention: Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is 3-fold greater following minor injury, especially if injury occurs in the 4 weeks prior to thrombosis, is located in the leg, and involves multiple injuries or rupture of muscle or ligament. Risk for venous thrombosis is higher in those with leg injury combined with family history of venous thrombosis (12-fold risk), Factor V Leiden mutation (50-fold risk), or Factor II 20210A mutation (9-fold risk). (van Stralen, 2008). The studies of risk are based on back and lower extremity surgeries, and subsequent immobility, which is not the case in this claimant. This patient lacks significant risk factors for deep venous thrombosis, which is not agreeable with the compression rental following an upper extremity surgery. There would not be limited ambulatory mobility. The request is not medical necessary.

Abduction pillow: 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 section, abduction pillow.

Decision rationale: The MTUS is silent. Regarding the shoulder abduction sling pillow, the ODG notes in the shoulder section: Recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. (Ticker, 2008) In this case, there is not evidence of massive, large open repairs to the shoulder. Criteria are not met to certify this request.

