

Case Number:	CM14-0011433		
Date Assigned:	02/21/2014	Date of Injury:	04/10/2006
Decision Date:	06/25/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/28/2014

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 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 claimant is a 68-year-old who was injured on April 10, 2006; the mechanism of injury was not indicated. The records provided for review document a left shoulder injury for which the claimant subsequently underwent arthroscopy, subacromial decompression, distal clavicle excision, and debridement on January 13, 2011. A second surgery occurred on June 5, 2013 for a left shoulder rotator cuff repair. As a result of the June 5, 2013 surgery, the recommendation was made for use of an intermittent pneumatic compression device with a segmental gradient pressure application. The records do not indicate underlying comorbidities, past medical history, or issues with venothrombolytic disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCES W/ BILATERAL CALF WRAPS: 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm/wrist/hand procedure - Vasopneumatic devices Recommended as an option to reduce edema after acute injury. Vasopneumatic devices

apply pressure by special equipment to reduce swelling. They may be considered necessary to reduce edema after acute injury. Education for use of lymphedema pump in the home usually requires 1 or 2 sessions. Further treatment of lym

Decision rationale: California MTUS and ACOEM Guidelines not address this request. When looking at the Official Disability Guidelines, the purchase of the pneumatic device would not be supported. While this individual is noted to have undergone an arthroscopic surgery in June of 2013, there is no documentation of underlying comorbidity or significant risk factor to support the role of a compression device following his surgical process. This device would typically not be indicated in an outpatient arthroscopic procedure as performed. The request for the purchase of segmental gradient pressure pneumatic appliances with bilateral calf wraps is not medically necessary or appropriate.