

Case Number:	CM14-0011654		
Date Assigned:	04/21/2014	Date of Injury:	02/01/2013
Decision Date:	08/15/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/29/2014

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 New York. 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 52-year-old female with a date of injury of February 1, 2013. The patient has right shoulder pain. The patient has had cortisone injection, physical therapy, and anti-inflammatory medication. Physical examination reveals decreased range of right shoulder motion, with no shoulder instability, and is positive for Neer and Hawkins signs. Patient was diagnosed with right shoulder impingement syndrome and distal clavicle arthritis. Treatment recommendations include arthroscopic acromioplasty and clavicle resection. At issue is whether pneumatic compression device the medically necessary postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT PNEUMATIC COMPRESSION WRAPS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (Web) 2013, Shoulder Chapter, Venous Thrombosis, Knee & Leg Chapter, Compression Garments.

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

Decision rationale: This patient does not meet criteria for pneumatic compression devices that surgery. Since the patient is having upper extremity surgery; and there is no indication the patient will be bedridden; nor any indication the medical records that the patient will not be able to sit in the chair postoperatively. There is also no documentation of problems the patient's lower extremities. The risk of deep venous thrombosis (DVT) with shoulder surgery is very small. The patient is not at risk for DVT. The Official Disability Guidelines (ODG) state that uncomplicated shoulder arthroscopy is low risk for DVT. Therefore, pneumatic compression devices are not medically necessary.