

Case Number:	CM14-0011882		
Date Assigned:	02/21/2014	Date of Injury:	12/06/2010
Decision Date:	08/04/2014	UR Denial Date:	01/21/2014
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 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:

The patient is a 61-year-old female who has submitted a claim for left shoulder impingement and rotator cuff tear associated with an industrial injury date of December 6, 2010. Medical records from 2013 to 2014 were reviewed. The patient complained of bilateral shoulder pain, more on the right than left. She is status post left shoulder surgery on August 29, 2013. Physical examination of the left shoulder showed moderate pain and marked weakness to supraspinatus testing and mild tenderness over the impingement area. Examination of the right shoulder showed weakness and pain to supraspinatus and external rotation testing and limitation of motion on external rotation at 40 degrees. The diagnoses were status post intraarticular shaving, debridement of subscapularis, chondroplasty, biceps tenodesis, rotator cuff tendon repair, resection distal clavicle and subacromial decompression in the left shoulder (August 29, 2013); right shoulder pain; possible recurrent rotator cuff tear, right shoulder; and subacromial fibrosis and adhesions, right shoulder. A request for [REDACTED] system pneumatic decompression device was made for DVT prophylaxis. Treatment to date has included oral analgesics, muscle relaxants, bilateral shoulder surgery, physical therapy, home exercises and chiropractic therapy. Utilization review from January 21, 2014 denied the request for [REDACTED] system pneumatic decompression device. The reasons for the denial are as follows: there was no discussion of post-operative anticoagulation; little evidence on mechanical DVT leg devices preventing DVT as opposed to anticoagulation; and no post-operative setting of major orthopaedic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ SYSTEM PNEUMATIC DECOMPRESSION 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 (ODG), Deep vein thrombosis (DVT).

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: CA 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, 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, a vasopneumatic device was requested for DVT prophylaxis. However, there was no evidence of increased risk for DVT in this patient. There was also no edema or swelling mentioned in the most recent progress reports. The medical necessity has not been established. There was no compelling rationale that warrants use of a vasopneumatic device at this time. Therefore, the request for ██████████ System Pneumatic Decompression Device is not medically necessary.