

Case Number:	CM14-0110675		
Date Assigned:	08/01/2014	Date of Injury:	01/28/2013
Decision Date:	10/07/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/15/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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 53 year old female who was injured on 01/28/2013. The mechanism of injury is unknown. Prior treatment history has included patient 20 sessions of physical therapy, H-wave device. The patient underwent left shoulder arthroscopic rotator cuff repair, subacromial bursectomy, debridement of labrum, distal clavicle excision, subacromial decompression, and debridement of biceps tendon on 05/1/2014. Progress report dated 07/10/2014 states the patient's pain level has decreased and she is able to sleep better. She is able to perform activities such as take a shower and dress herself. On exam, left shoulder range of motion as of 06/06/2014 revealed flexion to 12 degrees; abduction to 95 degrees; external rotation to 20 degrees; and internal rotation to 30 degrees. Left shoulder range of motion as of 07/24/2014 revealed flexion to 150; abduction to 125; internal rotation to 65; internal rotation to 80. Prior utilization review dated 07/10/2014 states the request for DVT intermittent pneumatic compression device is not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), knee and leg procedure summary

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

Decision rationale: The above ODG guidelines states that compression garments are "effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema." In this case, the patient had surgery on 5/12/14 and there is no clear documentation of concern for the above diagnoses to entertain the request for compression garments. Note from 8/5/14 states "assessment: status post left shoulder rotator cuff repair" with exam showing "neurovascularly intact. Positive shoulder weakness" with similar findings on note on 6/25/14. Similarly, note on 6/26/14 doesn't note any physical exam findings consistent with telangiectases or DVT, rather states "no swelling, atrophy, no color/hair patten/temperature changes" with an assessment of "right thumb/hand pain, r/o cervical radiculopathy, CTS, left shoulder pain, thoracic myofascial pain." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.