

Case Number:	CM14-0112303		
Date Assigned:	08/04/2014	Date of Injury:	08/16/2011
Decision Date:	10/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/18/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 injured worker is a 63-year-old male with a reported injury on 08/16/2011. The mechanism of injury was not provided. The injured worker's diagnoses included right shoulder recurrent rotator cuff tear, initially repaired in 01/2013, with continued pain and weakness. The injured worker's past treatments included medication, physical therapy, and immobilization. The injured worker's diagnostic testing included an MR arthrogram post injection of the right shoulder. The injured worker's surgical history also included a right shoulder arthroscopic debridement of the anterior labrum with extensive intra-articular shaving on 02/25/2014. No post surgical follow up documentation was provided. No medication history was provided. The request was for Pneum Compres W/Cal Pressure. No rationale for this request was provided. The Request for Authorization Form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneum Compres W/Cal Pressure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The request for Pneum Compres W/Cal Pressure is not medically necessary. The injured worker underwent shoulder arthroscopy on 02/25/2014. The Official Disability Guidelines state that compression garments are not generally recommended post shoulder surgeries although, mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. The provided documentation did not indicate any risk factors or hypercoagulability to warrant postoperative use of a compression device following his shoulder surgery. Therefore, the request for Pneum Compres W/Cal Pressure is not medically necessary.