

Case Number:	CM14-0128386		
Date Assigned:	08/15/2014	Date of Injury:	10/01/2007
Decision Date:	09/11/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/12/2014

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 Emergency 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 has a reported date of injury on 10/1/2007. Mechanism of injury is described as a slip and fall. Patient has a diagnosis of cervicgia, R elbow and wrist sprain, brachial neuritis/radiculitis and is post anterior cervical fusion C5-6(8/13/08) and R rotator cuff tear. The patient has reported R shoulder arthroscopic decompression and debridement of rotator cuff injury on 7/22/14. Medical records reviewed the last report was available until 7/22/14. Prior to surgery, patient has complaints of baseline neck pains with bilateral upper extremity numbness and tingling, R shoulder stabbing pains with muscle spasms worst with movement. R elbow and R wrist also noted to have pains. A preoperative physical exam report is not relevant to this review except that there was no noted lower leg or arm edema noted. The operative note and hospital notes were not provided for review. The patient has no noted medical problems on history. No hypertension, diabetes or other clotting problems. The patient is not a smoker. There is no prior history of deep vein thromboses. Imaging and other reports are not relevant this review. Independent Medical Review is for Pneumatic Intermittent Compression Device with bilateral calf wraps. Request for post-operative period after arthroscopic surgery was done on 7/22/14 to R shoulder. Prior UR on 7/31/14 recommended not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic Intermittent Comp Device with bilateral calf wraps: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute online Official Disability Guidelines treatment in worker's Compensation, Integrated Treatment/Disability Duration Guidelines, Shoulder (Acute & Chronic (Venous Thrombosis).

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: MTUS Chronic pain or ACOEM Guidelines do not have any adequate information concerning this topic. Official Disability Guidelines(ODG) states that compression garments are usually not required for shoulder surgery especially arthroscopic surgery due to low risk for developing deep vein thrombosis although risks for DVT development needs to be reviewed. Patient has no significant increased risk for DVT. Due to low risk for surgery and no documented risk factors for DVT or need for immobilization, Pneumatic Intermittent Compression Device with bilateral calf wraps are not medically necessary.