

Case Number:	CM14-0153739		
Date Assigned:	09/23/2014	Date of Injury:	05/01/2013
Decision Date:	10/24/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/19/2014

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:

According to the records made available for review, this is a 38-year-old male with a 5/1/13 date of injury, and status post arthroscopic rotator cuff repair, subacromial decompression, Mumford procedure, and debridement 7/16/14. At the time (8/19/14) of request for authorization for 1 bilateral lower extremity sequential compression devices for intraoperative DVT prophylaxis, there is documentation of subjective (right shoulder pain with abduction) and objective (right shoulder tenderness, positive empty can test, pain with cross over, and weak supraspinatus) findings, current diagnoses (right shoulder impingement), and treatment to date (activity modification). There is no documentation of coagulopathic risk factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral lower extremity sequential compression devices for intraoperative DVT prophylaxis: 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)

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 does not address this issue. ODG identifies that compression garments are not generally recommended in the shoulder. In addition, ODG identifies that mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. Within the medical information available for review, there is documentation of diagnosis of right shoulder impingement. However, there is no documentation of coagulopathic risk factors. Therefore, based on guidelines and a review of the evidence, the request for 1 Bilateral Lower Extremity Sequential Compression Devices for Intraoperative DVT prophylaxis is not medically necessary.