

Case Number:	CM14-0154883		
Date Assigned:	09/24/2014	Date of Injury:	01/21/2014
Decision Date:	10/29/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/22/2014

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 Texas. 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:

Medical Records reflect the claimant is a 44-year-old who sustained a work injury on January 21, 2014. The claimant underwent a right shoulder subacromial decompression, Mumford procedure and debridement on July 14, 2014. Postop note on September 15, 2014 notes the claimant has limited range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vena Flow-pneumatic compression device for one month rental (Retrospective): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder and Leg Chapters, Compressive therapy for DVT

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

Decision rationale: The ODG notes that compression garments are not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. There is an absence in documentation noting

that this claimant was at risk for developing DVT or that he was at high risk for developing DVT. There is no objective data to support the medical necessity of this request. Therefore, the request for a Vena Flow pneumatic compression device for one month rental is not medically necessary or appropriate.