

Case Number:	CM14-0158149		
Date Assigned:	10/01/2014	Date of Injury:	02/20/2013
Decision Date:	11/06/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/26/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 55 year old male who sustained an industrial injury on 02/20/2014. The mechanism of injury was not provided for review. The diagnosis is left shoulder pain with impingement, partial thickness rotator cuff tear, SLAP tear. On exam there is pain with rotation of the shoulder. Treatment includes medication and approval for left shoulder arthroscopy. The treating provider had requested a mechanical compression device for the left shoulder and a sleeve for the left shoulder for post-operative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Mechanical Compression Device for Left Shoulder - Rental 30 days: 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), Treatment Index, 11th Edition (web), 2013, Shoulder Cold Compression Therapy.

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 Therapy.

Decision rationale: The ODG does not recommend the use of cold compression therapy or compression garments for patients with shoulder complaints. There was no documentation

submitted for review to indicate the patient had extenuating circumstances or exceptional factors for which the garments would be recommended. Medical necessity for the requested item was not established. The requested item was not medically necessary.

RETRO: Sleeves for Left Shoulder - Rental 30 days: 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), Treatment Index, 11th Edition (web), 2013, Shoulder, Compression Garments

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 Therapy

Decision rationale: The ODG does not recommend the use of cold compression therapy or compression garments for patients with shoulder complaints. There was no documentation submitted for review to indicate the patient had extenuating circumstances or exceptional factors for which the garments would be recommended. Medical necessity for the requested item was not established. The requested item was not medically necessary.