

Case Number:	CM14-0170576		
Date Assigned:	10/20/2014	Date of Injury:	09/17/2013
Decision Date:	11/24/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopaedic Surgery 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:

This 67-year-old male production worker sustained an industrial injury on 9/17/13. The mechanism of injury was not documented. Past medical history was positive for hypertension. The 10/1/13 right shoulder magnetic resonance imaging (MRI) revealed a complete tear with retraction of the long head of the biceps tendon, complete tear with retraction of the supraspinatus tendon, hypertrophic changes at the acromioclavicular joint with interior distal acromial spur, and superior subluxation of the humerus and glenoid. Records documented persistent moderate to severe right shoulder pain with limited range of motion and limited functional capacity in lifting, reaching, and carrying activities. Conservative treatment included activity modification, medications, and physical therapy. Right shoulder arthroscopy with subacromial decompression, Mumford procedure, rotator cuff repair with suture anchor fixation, and biceps tenotomy versus tenodesis was recommended. The 9/8/14 treating physician report cited persistent right shoulder symptoms. Right shoulder exam documented restricted ungraded range of motion, negative drop arm test, and considerable weakness in abduction and flexion. The patient was scheduled for right shoulder surgery on 9/10/14. The 9/17/14 utilization review denied the request for a post-op pneumatic compression device following right shoulder surgery as there was no evidence of increased risk for deep vein thrombosis. A post-op continuous passive motion device was denied as there was no guidelines support for the use of this device for the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED]: Post-Op Pneumatic Compression Device, rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder

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

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in upper extremity procedures. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request is not medically necessary.

[REDACTED]: Post-Op Passive Motion Exercise Device with Pads x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Continuous Passive Motion

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

Decision rationale: The California MTUS does not provide recommendations for continuous passive motion (CPM) following shoulder surgery. The Official Disability Guidelines state that CPM is not recommended for shoulder rotator cuff problems or after shoulder surgery, but is recommended for adhesive capsulitis. Guideline criteria have not been met. There is no current evidence that this patient has adhesive capsulitis. Prophylactic use of continuous passive motion in shoulder surgeries is not consistent with guidelines. Therefore, this request is not medically necessary.