

Case Number:	CM14-0179271		
Date Assigned:	11/03/2014	Date of Injury:	07/31/2013
Decision Date:	12/10/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/28/2014

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 Orthopedic 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:

The worker is a 44-year-old male who has submitted a claim for impingement syndrome, rotator cuff tear, and acromioclavicular joint arthritis of the right shoulder associated with an industrial injury date of 7/31/2013. Medical records from 2014 were reviewed. The patient complained of persistent flare-ups of pain of right shoulder rated 9/10 in severity. In addition, the patient complained of left shoulder pain from favoring his right shoulder since the industrial injury. Aggravating factors included overhead activities and movement. The physical examination showed grip strength of 24/30/35 kg on the right and 40/40/42 kg on the left. Tenderness was noted over the anterior capsule of his right shoulder. Range of motion on the right shoulder towards abduction was rated 90 degrees. Apprehension test was positive at the right. MRI of the right shoulder, dated 9/11/2013, demonstrated right shoulder biceps tendon tear with probable SLAP tear and probable supraspinatus tendon tear. Treatment to date has included right shoulder arthroscopy and debridement of partial-thickness rotator cuff tear, subacromial decompression, and distal clavicle resection on 4/3/2014, physical therapy, and medications. A Utilization review from 9/26/2014 denied the request for limb compression device, 30 day rental, beginning 4/3/14 post-op because of no documented need for prophylaxis in the lower extremity following upper extremity outpatient arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Limb compression device, 30 day rental, beginning 4/3/14 post-op: 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 9th Edition (web) 2011

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Vasopneumatic Devices 2014

Decision rationale: The CA MTUS does not specifically address vasopneumatic devices. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling. They may be considered necessary to reduce edema after acute injury. The treatment goal of vasopneumatic devices, such as intermittent compression therapy, is to reduce venous hypertension and edema by assisting venous blood flow back toward the heart. In this case, patient had an industrial injury resulting to right shoulder pain and weakness. An MRI of the right shoulder from 9/11/2013 demonstrated right shoulder biceps tendon tear with probable SLAP tear and probable supraspinatus tendon tear. He underwent right shoulder arthroscopy and debridement of partial-thickness rotator cuff tear, subacromial decompression, and distal clavicle resection on 4/3/2014; hence this request for a vasopneumatic device. However, medical records submitted and reviewed failed to provide evidence of lymphedema occurring post-operatively. Moreover, there was no discussion why prophylactic treatment of edema was necessary following an outpatient shoulder arthroscopy. Therefore, the request for limb compression device, 30 day rental, beginning 4/3/14 post-op was not medically necessary.