

Case Number:	CM14-0024857		
Date Assigned:	06/20/2014	Date of Injury:	05/29/2012
Decision Date:	07/17/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/27/2014

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 Illinois. 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 injured worker is a 51-year-old male with a date of injury of 5/29/12. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/20/13 reported that the injured worker complained of mild to moderate right shoulder pain. It was reported that the injured worker was status post a reverse total shoulder replacement to the right shoulder. The physical examination of the injured worker's right shoulder revealed a surgical wound healing with minimal ecchymoses. The neurological examination was negative for any significant abnormalities. The injured worker's passive range of motion to his right shoulder demonstrated forward flexion and abduction to 90 degrees. The injured worker's diagnoses included status post reverse total shoulder replacement to the right shoulder. The injured worker's medication list was not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME - VASCUTHERM - PNEUMATIC COMPRESSION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines recommend vasopneumatic devices (wound healing) 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 physical examination revealed that the injured worker had no signs of deep vein thrombosis (DVT), no hematoma, and no bruising. The clinical information indicating the rationale for pneumatic compression was not provided within the clinical notes. The injured worker is status post a reverse total shoulder replacement; the guidelines recommend vasopneumatic devices to reduce swelling and edema after an acute injury. There is a lack of clinical evidence indicating that the injured worker has an acute injury. As such, the request is not medically necessary.