MAXIMUS Federal Services

Case Number:	CM14-0025631		
Date Assigned:	06/13/2014	Date of Injury:	12/21/2011
Decision Date:	07/15/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine & Rehabilitation 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 patient is a 36-year-old female who was injured on 12/21/2011 due to repetitive overuse injury. Prior treatment history has included the following medications: Motrin 800 mg and Flexeril 10 mg. The patient has undergone a right shoulder arthroscopy with arthroscopic distal clavicle excision with acromioplasty on 09/21/2013. On 11/11/2013 the patient underwent right shoulder arthroscopy with extensive debridement of superior labrum and arthroscopic lyses of adhesions with posterior capsular release. Diagnostic studies reviewed include an MRI of the right shoulder dated 07/12/2013, which reveals the following impression: "There is widening of the acromioclavicular joint which favors interval grade 2 acromioclavicular separation." A progress note dated 10/21/2013 documented the patient with complaints of right shoulder pain rated as 2/10. The patient underwent surgery last September and has not yet improved. She still has a lot of pain and tightness over the incision. She is currently waiting on approval for surgery for the right shoulder. The patient has an incomplete labral tear that was not corrected. Objective findings on examination of the extremities reveal that the left shoulder has full range of motion. The right shoulder has a slight decrease in abduction at 120 degrees with significant reduction in external rotation and mild tenderness over the anterolateral incision. The diagnosis is right shoulder pain with labrum tear, post-surgical. The utilization review dated 02/27/2014 was regarding a retrospective request for an intermittent limb compression device. It was recommended to be non-certified because there was no indication that the claimant was at high risk for venous thrombosis. Furthermore, there was also limited information presented which established that this device was superior to oral prophylaxis or a compression garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE INTERMITTENT LIMB DECOMPRESSION DEVICE (DOS11/11/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary last updated 12/27/2013, Continuous-flow cryotherapy.

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 garments.

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute. The ODG recommends compression garments for deep venous thrombosis (DVT) prevention following lower extremity surgery or for patients at high risk for thrombosis. The medical records document that the need for such garment is for the upper extremity post-operatively. Further, the documents do not show that the patient is at a high risk for DVT. Based on the ODG criteria as well as the clinical documentation noted above, the request is not medically necessary.