

<b>Case Number:</b>	CM14-0029773		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 & 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 reported an injury on 02/27/2013, after she got pushed into a pallet jack, which reportedly caused injury to her right shoulder. The injured worker ultimately underwent right shoulder surgery involving extensive debridement of the subscapular and labrum, rotator cuff repair, subacromial decompression, and partial synovectomy. The injured worker was evaluated on 05/13/2013 prior to surgical intervention. Physical findings included restricted range of motion of the right shoulder, with motor strength weakness of the right shoulder in flexion and abduction. There was no evidence of risk factors of development of deep vein thrombosis for the patient. The injured worker was evaluated on 07/24/2013. It was documented that the injured worker was scheduled for shoulder surgery on 09/12/2013. It was documented that the injured worker would benefit post surgically from a transcutaneous electrical stimulation unit following her shoulder surgery, in conjunction with exercise and physical therapy. A retrospective request was made for a segmental pneumatic compliance and pneumatic compressor segmental with caliber for 09/12/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: SEGMENTAL PNEUMATIC APPLIANCE AND PNEUMATIC COMPRESSOR SEGMENTAL WITH CALIBER; 9/12/13: 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), Shoulder Chapter, Pneumatic Compression Devices.

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

**Decision rationale:** California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines do not recommend mechanical compression following an arthroscopic rotator cuff repair and subacromial decompression, unless the injured worker is at significant risk for development of deep vein thrombosis due to a period of immobilization. The clinical documentation submitted for review does not provide any evidence that the injured worker will be completely immobilized post surgically and would be at risk for the development of a deep vein thrombosis. Additionally, there is no documentation of cardiac issues that would put the injured worker at risk for development of deep vein thrombosis. The clinical documentation does not clearly justify the request. Additionally, the request as it is submitted did not identify any duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the retrospective request for the segmental pneumatic appliance and pneumatic compressor segmental with caliber for DOS 09/12/2013 is not medically necessary or appropriate.