

<b>Case Number:</b>	CM14-0033314		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	10/05/2013
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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, has a subspecialty in Spine Surgery and is licensed to practice in South Dakota. 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 claimant was injured on or about 10/5/13. The primary treating physician's progress note dated 1/6/2014 reveals the claimant has left shoulder pain. The claimant has had physical therapy, a corticosteroid injection which improved the pain temporarily, and oral medications including Anaprox DS, Norco and Alprazolam. The claimant has signs and symptoms consistent with impingement syndrome and rotator cuff tendinosis including a positive impingement sign and restricted ranges of motion of the left shoulder. Neer test was negative as was drop arm test, apprehension test and clunk test. Neurologic exam is normal. Magnetic resonance imaging study of the left shoulder is reported to show tendinosis of the supraspinatus tendon and active bursitis. The diagnoses of cervical strain, left shoulder impingement, Type II left acromioclavicular joint separation, anxiety and bursitis were proffered. A psychiatric consultation was sought and additional therapy was suggested. A follow up appointment with the treating physician was scheduled. On 2/10/2014 the claimant was seen by the treating physician with continued left shoulder pain. Medrol is an additional medication since the 1/6/2014 note. The exam reveals tenderness of the acromioclavicular joint, biceps tendon and deltoid. Left shoulder motion is restricted and there is a positive impingement sign. The diagnosis is unchanged and surgery is suggested including arthroscopy, acromioplasty and distal clavicle resection. A sling for use post surgery, a pneumatic compression device and post operative therapy is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OPERATIVE PNEUMATIC INTERMITTENT COMPRESSION DEVICE FOR THE LEFT SHOULDER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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, Compression Garments.

**Decision rationale:** The Official Disability Guidelines (ODG) indicates compression garments are not generally recommended in the shoulder particularly after arthroscopy as the incidence of deep vein thrombosis is rare under these circumstances, in the absence of coagulopathic risk factors. The medical records provided for review does not identify the above. The request for post operative pneumatic intermittent compressions device for the left shoulder is not medically necessary and appropriate.

**POST OPERATIVE PHYSIOTHERAPY, 3 TIMES A WEEK FOR 6 WEEKS TO THE LEFT SHOULDER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 27.

**Decision rationale:** The MTUS guidelines allows for an initial period of therapy for this post surgery period to include 12 visits, as such 18 visits is not supported. The request for post operative physiotherapy, three times a week for six weeks to the left shoulder is not medically necessary and appropriate.