

Case Number:	CM14-0041399		
Date Assigned:	06/27/2014	Date of Injury:	05/06/2013
Decision Date:	08/20/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 40-year-old male who reported an injury on 05/06/2013. The mechanism of injury was not provided. On 05/06/2013 the injured worker presented with discomfort in his left shoulder. Upon examination, there was tenderness to palpation of the AC joint and pain with Hawkins and Neer's maneuvers. Diagnoses were possible rotator cuff tear of the left shoulder and tendonitis and pain syndrome of the left shoulder. Prior treatments included physical therapy, injections, and medications. A prior MRI revealed tendonitis, impingement, morphology, and acromioclavicular joint arthrosis. The provider recommended a DVT limb compression device, date of service 02/27/2014 for the left shoulder; the provider's rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Limb Compression Device, DOS 2/27/14; Left Shoulder: 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, Venous Thrombosis.

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 Garmets.

Decision rationale: The Official Disability Guidelines state compression garments are not generally recommended in the shoulder. Deep vein thrombosis and pulmonary embolism events are a common complication following lower extremity orthopedic surgery, but they are rare following upper extremity surgery, especially shoulder arthroscopy. As the guidelines do not recommend a compression device for the upper extremity to include the shoulder, a compression device would not be warranted. As such, the request is not medically necessary.