

<b>Case Number:</b>	CM14-0043181		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/13/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/08/2014
<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 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 claimant is a 55-year-old female, injured in a work related accident on 02/13/09. There is a retrospective request for the use of intermittent limb compression devices from 02/17/14. Clinical records for review indicate that on that date, the claimant underwent a right shoulder arthroscopic surgery with subacromial decompression. Review of the medical records does not indicate a past medical history or current medication use, bleeding or clotting disorder, or any vascular diagnosis. There is no history of previous deep vein thrombosis or clotting disorder documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Retrospective 1 rental of an intermittent limb compression device on 02/17/2014: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Treatment in Worker's Comp, Forearm/Wrist/Hand Procedure.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address this request. Based upon the Official Disability Guidelines, the request for use of compression devices for this individual's upper extremity following the 02/17/14 outpatient shoulder arthroscopy and decompression would not be indicated. The medical records do not document that the claimant has a past medical history or underlying comorbidity to support the need for compressive therapy to the upper extremity following this outpatient procedure. Therefore the request would not be supported as medically necessary.