

<b>Case Number:</b>	CM14-0053488		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/21/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 58-year-old female who was reportedly injured on November 21, 2011. The mechanism of injury is noted as a trip and fall. Most recent progress note dated June 25, 2014, indicates that there are ongoing complaints of left shoulder pain and concern for a left shoulder infection. There was a plan for revision of the prior left shoulder surgery. No physical examination was performed on this date. Diagnostic imaging studies were not review during this visit. Previous treatment includes a left shoulder hemiarthroplasty. Future surgery scheduled for July 17, 2014. A request had been made for a Vacutherm pneumatic compression therapy device and a compression therapy wrap and was not certified in the pre-authorization process on April 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rental of a Vacutherm-Pneumatic Compression Therapy for fourteen (14) days:** Upheld

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

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

**Decision rationale:** According to the medical record the injured employee scheduled for left shoulder surgery on July 17, 2014. As this is an upper extremity surgery and the injured employee will be ambulatory afterwards is unclear why there is a request for pneumatic compression therapy for 14 days for prevention of deep vein thrombosis. Without additional justification, this request for a Vacutherm pneumatic compression therapy device for 14 days is not medically necessary.

**Purchase of a Compression Therapy pad:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder, Compression Therapy.

**Decision rationale:** According to the Official Disability Guidelines the use of compression garments are generally not recommended for use in the shoulder. Deep venous thrombosis and pulmonary embolism events are, complications following lower extremity orthopedic surgery but are rare for upper extremity surgery, especially shoulder arthroscopy. For these reasons this request for a compression therapy pad is not medically necessary.