

Case Number:	CM14-0057204		
Date Assigned:	07/09/2014	Date of Injury:	01/27/2011
Decision Date:	09/26/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 54 year old male whose date of injury is 01/27/2011. The mechanism of injury is not described. The injured worker underwent right shoulder rotator cuff repair on 03/27/14 and was recommended for 30 day rental of a pneumatic cold compression unit with the purchase of a pad for the right shoulder. No additional significant clinical information is submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Pneumatic compression therapy unit x30 days rental with purchase of pad right 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.

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 injured worker underwent right shoulder rotator cuff repair on 03/27/14. The Official Disability Guidelines state that compression is not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications

following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. Therefore, the request for cold pneumatic compression therapy unit x 30 days rental with purchase of pad right shoulder is not medically necessary and appropriate.