

Case Number:	CM14-0069017		
Date Assigned:	07/14/2014	Date of Injury:	07/30/2010
Decision Date:	10/03/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/14/2014

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, has a subspecialty in Pain Medicine 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 42 year old male whose date of injury is 07/30/2010. Mechanism of injury is listed as a heavy door struck his head and neck. Diagnoses are right shoulder bursitis or impingement, right shoulder partial rotator cuff tear, superior labrum anterior and posterior tear, and capsulitis. Treatment to date includes right knee surgery x 3, cervical fusion, removal of hardware and exploration of cervical fusion on 06/26/12. Note dated 02/11/14 indicates that the injured worker is status post right shoulder surgery with arthroscopic subacromial decompression, distal clavicle resection and debridement of SLAP lesion on 02/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Segmental pneumatic appliance: 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), Knee & Leg; Compression garments and Forearm, Wrist and Hand, Lymphedema pumps

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Shoulder Chapter, Compression garments

Decision rationale: Based on the clinical information provided, the request is not medically necessary. There is insufficient clinical information provided to support this request. The injured

worker underwent shoulder surgery in February 2014. There is no clear rationale provided to support the requested durable medical equipment. The Official Disability Guidelines note that these devices are 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. As such the request is not medically necessary.

Sequential compression device (SCD) sleeves #2: 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), Knee & Leg; Compression garments and Forearm, Wrist and Hand, Lymphedema pumps

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter, Compression Garments

Decision rationale: Based on the clinical information provided, the request is not medically necessary. There is insufficient clinical information provided to support this request. The injured worker underwent shoulder surgery in February 2014. There is no clear rationale provided to support the requested durable medical equipment. The Official Disability Guidelines note that compression garments are 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. As such the request is not medically necessary.

Intermittent pneumatic compression device for 1 day rental: 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; Venous thrombosis & Shoulder; Cold compression therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Shoulder Chapter, Compression garments

Decision rationale: Based on the clinical information provided, the request is not medically necessary. There is insufficient clinical information provided to support this request. The injured worker underwent shoulder surgery in February 2014. There is no clear rationale provided to support the requested durable medical equipment. The Official Disability Guidelines note that

these devices are 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. As such the request is not medically necessary.