

Case Number:	CM14-0072657		
Date Assigned:	07/16/2014	Date of Injury:	07/09/2012
Decision Date:	09/22/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/19/2014

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 and Ohio. 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 57-year-old male who reported injury on 07/09/2012 who reportedly pulled apart heavy hoses and applied pressure to clean and remove the dirt and debris. The injured worker sustained injury to bilateral shoulders. The injured worker's treatment history included x-rays, surgery, cortisone injections, physical therapy, MRI studies, and medications. The injured worker was evaluated on 03/17/2014, and it was documented that the injured worker's right shoulder had improved with decreased episodes of pain. The injured worker complained of left shoulder pain. There was increased pain at night. There was increased pain at night. There were decreased activities of daily living with the left shoulder. There were complaints of right elbow pain. On physical examination of the right shoulder, there was increased range of motion. There was positive distal in the right biceps. There was increased pain with range of motion. On physical examination of the left shoulder, there was tenderness to palpation. There was decreased range of motion. The injured worker had a positive Hawkins and Neer's test. The injured worker had decreased left shoulder function. Medications included Menthoderm and tramadol ER. Diagnoses included severe impingement syndrome right shoulder and moderate to severe impingement syndrome, left shoulder. There was authorization for left shoulder arthroscopy subacromial decompression and Mumford repair rotator cuff on 03/25/2014. The request for authorization or rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Rental Pneumatic Int. Compression Device (DVT Pump): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guideline Shoulder 03/31/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Shoulder (Acute & Chronic) Compression Garments.

Decision rationale: The requested is not medically necessary. Per the Official Disability Guidelines (ODG) do not recommend post-op shoulder compressions. 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. Although variability exists in the reported incidence of VTE, surgeons should still be aware of the potential for this serious complication after shoulder arthroplasty. Available evidence suggests a low incidence, but the final decision to consider thromboprophylaxis rests with the operating surgeon. The request laced frequency, duration and location where the DVT pump is required for the injured worker. Additionally, the guidelines do not recommend Compression garments for the shoulder. Given, the above, the request for post-op rental Pneumatic Int. Compression Device (DVT Pump) is not medically necessary.