

Case Number:	CM14-0095310		
Date Assigned:	09/15/2014	Date of Injury:	12/28/2004
Decision Date:	11/06/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/23/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 50 year old female with a date of injury of 12/28/2004 at which time she suffered a shoulder and upper arm sprain. She had right shoulder arthroscopy performed on March 19, 2014 and a [REDACTED] System Pneumatic Compression Device with cuff sleeves was requested for her right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] System Pneumatic Compression Device w/ Cuff Sleeves- RT Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not address Pneumatic Compression Devices. Per the Official Disability Guidelines (ODG), 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 injured workers with identified coagulopathic risk factors. Although variability exists in the reported incidence of venous thromboembolism (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 worker had a shoulder arthroscopy and there is a very low incidence of developing venous thromboembolism (VTE) after a shoulder surgery. Absent additional supporting documentation that this worker is at high risk for developing venous thromboembolism (VTE) due to risk factors other than shoulder surgery, the use of a [REDACTED] system pneumatic compression device with cuff sleeves is not indicated.