

<b>Case Number:</b>	CM14-0117614		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/19/2013
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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:

This is a 52-year-old female with a 12/19/13 date of injury. The injury occurred as the result of a motor vehicle accident. According to a progress report dated 5/21/14, the patient had failed conservative treatment and was elected for left shoulder arthroscopy with bursectomy and decompression, scheduled for 5/27/14. Objective findings: positive impingement sign, positive Hawkins, 5/5 strength in rotator cuff, normal sensation throughout and +2 radial pulses. Diagnostic impression: left shoulder impingement, planned surgery date on 5/27/14. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 7/7/14 modified the request for a Vena-Pro Pneumatic Intermittent Compression Device for purchase on 5/27/14 to certify a rental for 2 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vena-Pro Pneumatic intermittent Compression Device:** 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)

**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 Chapter - Intermittent Compression Device

**Decision rationale:** CA MTUS does not address this issue. ODG states that vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling; or for home-use as an option for the treatment of lymphedema after a four-week trial of conservative medical management that includes exercise, elevation and compression garments. However, in the present case, there is no documentation that this claimant is at high risk of DVT or that DVT prevention cannot be accomplished with oral medication and/or compression stockings. In addition, the patient is undergoing a low risk surgery of the upper extremity, and it is unclear why medical thromboprophylaxis would be insufficient. Furthermore, the UR decision dated 7/7/14 modified this request to certify a 2-day rental. It is unclear why the purchase of an intermittent compression device is necessary due to the fact that it is usually only employed for intra-operative use. Therefore, the request for Vena-Pro Pneumatic intermittent Compression Device is not medically necessary.