

Case Number:	CM14-0081656		
Date Assigned:	07/18/2014	Date of Injury:	03/07/2012
Decision Date:	01/21/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/02/2014

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 Family Practice, and is licensed to practice in North Carolina. 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 patient is a 40-year-old with a reported date of injury of 03/07/2011-03/07/2012. The patient has the diagnoses of cervical disc disease, carpal tunnel syndrome, right elbow sprain/strain, right wrist sprain/strain, fibromyalgia, left wrist extensor carpi ulnaris tendinosis and left shoulder adhesive capsulitis. Previous prescribed treatment modalities have included cortisone injections, cervical epidural injections and physical therapy. Per the only progress notes provided for review from the treating physician dated 07/21/2014, the patient had complaints of continued 10/10 pain in the shoulders, elbows and neck. The patient does have a history of previous failed right shoulder surgery. The physical exam noted shoulder decreased range of motion bilaterally and subacromial joint tenderness. There were positive bilateral impingement signs. The elbow exam noted painful and restricted range of motion bilaterally. Treatment plan recommendations included right shoulder arthroscopy with manipulation followed by left shoulder arthroscopy with lysis of lesions and possible manipulation, pain management consult, physical therapy, urine drug screen and continuation of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic Half Leg Wrap purchases: 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), Treatment Index, 11th Edition (web), 2013, Knee and Leg Chapter, Compression garments

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The Official Disability Guidelines, pulmonary embolism, and deep venous thrombosis are associated with lower extremity surgery and are rare following upper extremity surgery, especially shoulder arthroscopy. Therefore, prevention devices are not generally recommended post shoulder surgery. Compression garments are recommended per the ODG for lower extremity prevention of DVT, but little is known about the dosimetry or for how long the compression should be applied. This is also for patients who would be immobilized. There is no indication of immobility in the current progress reports. The patient has no mentioned increased risk factors for DVT or pulmonary embolism. Therefore given the reported low incidence of DVT and pulmonary embolism post shoulder surgery (<0.5%) and the negative recommendations per the ODG, the request is not medically.