

Case Number:	CM15-0002849		
Date Assigned:	01/15/2015	Date of Injury:	10/04/2013
Decision Date:	03/23/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old female who reported an injury on 10/04/2013. The mechanism of injury was not provided. Her diagnoses include bilateral severe impingement syndrome, CMC arthrosis, and bilateral elbow strains. Past treatment was noted to include injections, surgery, and medications. It was indicated the injured worker had a right shoulder subacromial decompression and Mumford procedure on an unspecified date. On 12/08/2014, the injured worker had complaints of pain/soreness to the shoulder and "SL" range of motion. There were no quantitative objective findings on physical examination. Medications were not included in the report. The treatment plan was noted to include dressing changes, postop therapy, and physical therapy, CPM, and a home exercise program. A request was received for pneumatic intermittent compression device, CPM rental, and pads (3) without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (Acute and Chronic)

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

Decision rationale: According to the Official Disability Guidelines, treatment for venous thrombosis is recommended in order to monitor the risk for perioperative thromboembolic complications. The guidelines also state that compression garments are not usually recommended in the shoulder, but if they are used, it is recommended to perform a thorough preoperative workup to uncover possible risk factors for DVT or pulmonary embolism despite their rare occurrence in this body region. The documentation submitted for review did not indicate such preoperative workup assessing for the risk of deep venous thrombosis. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration of use and body region. As such, the request for pneumatic intermittent compression device is not medically necessary.

CPM 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 (Acute and Chronic)

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

Decision rationale: According to the Official Disability Guidelines, continuous and passive motion (CPM) is not recommended for the shoulder except as an option for adhesive capsulitis. The clinical documentation submitted for review did not indicate the injured worker had surgical repair for adhesive capsulitis. Additionally, the request does not specify body region or duration of use. Consequently, the request is not supported by the evidence based guidelines. As such, the request for CPM rental is not medically necessary.

Pads (3): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.