

Case Number:	CM15-0005485		
Date Assigned:	01/16/2015	Date of Injury:	07/13/2011
Decision Date:	03/18/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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

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 38 year old male, who sustained an industrial injury on 07/13/2011. He has reported subsequent neck, right shoulder and back pain and was diagnosed with cervical radiculopathy, lumbar disc herniation status post decompression and right shoulder impingement. Treatment to date has included oral pain medication, trigger point and cortisone injections. The injured worker underwent arthroscopic right shoulder subacromial decompression, distal clavicle resection and debridement of superior labrum degenerative tear and bursal surface partial thickness rotator cuff tear on 08/06/2014. A treating physician's progress note from 06/30/2014 prior to surgery noted that due to continued right shoulder pain with weakness and increased difficulty with activities of daily living, the injured worker was going to proceed with surgical intervention. Objective findings were notable for loss of motor strength over the right deltoid and positive impingement, Hawkins and Yergason's testing. A request was made for a pneumatic compressor for the 08/06/2014 date of service but there's no medical documentation in the record pertaining specifically to this request. On 12/15/2014, Utilization Review non-certified a retrospective request for a pneumatic compressor on 08/06/2014 noting that there was limited documentation of significant deficits that would prevent the injured worker from ambulating after the right shoulder surgery. ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 08/06/14 Pneumatic compressor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter, Venous Thrombosis;compression DVT prophylaxis

Decision rationale: This patient presents with neck pain, right shoulder pain, back pain. The treater has asked for RETRO DOS 8/6/14 PNEUMATIC COMPRESSOR but the requesting progress report is not included in the provided documentation. The patient was scheduled for a right shoulder arthroscopy on 8/6/14 according to 7/28/14 report. Regarding compression DVT prophylaxis, ODG guidelines state: "The administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. ODG states: that the incidence of DVT can increase depending on invasiveness of the surgery, postoperative immobilization period and use of central venous catheters. In this case, there is no discussion regarding any specific risk factors for a shoulder DVT. The surgery was a right shoulder arthroscopy for which DVT prophylaxis is not recommended per ODG. No central venous catheter was proposed in the included documentation. The request IS NOT medically necessary.