

Case Number:	CM15-0007971		
Date Assigned:	01/26/2015	Date of Injury:	07/29/2013
Decision Date:	03/18/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/14/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 25 year old male, who sustained an industrial injury on July 29, 2013. He has reported shoulder pain. The diagnoses have included seizure disorder, right shoulder lesion, chronic cervical radiculopathy, and brachial plexopathy. Treatment to date has included surgery, electrodiagnostic studies, physical therapy, and medications. Currently, the IW complains of continued right shoulder pain. Active range of motion of right shoulder is reported as flexion 10 degrees, abduction 10 degrees, extension 10 degrees. Passive range of motion of right shoulder is reported as flexion 45 degrees, abduction 25 degrees. He reports severe pain and on January 7, 2015, he is unable to complete testing due to his pain level. The patient's surgical history includes right shoulder open surgery on 11/6/14. Per the PT note dated 1/7/15 patient had complaints of right shoulder pain, stiffness and weakness at 9/10. Physical examination of the right shoulder revealed limited range of motion and pain on examination that limited examination. Per the doctor's note dated 11/20/14 patient had complaints of right shoulder pain and physical examination revealed healed incision without signs of infection and no drainage, erythema or swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

One day DVT Intermittent Pneumatic Compression Device rental date of service 11/06/14:
 Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna Government Services, Region D DMERC, Local Medical Review Policy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder (updated 02/27/15) compression garments Forearm, Wrist, & Hand (updated 03/09/15) Vasopneumatic devices

Decision rationale: Request: One day DVT Intermittent Pneumatic Compression Device rental date of service 11/06/14. ACOEM and CA MTUS chronic pain guidelines do not address this request. Therefore ODG was used. Per the cited guidelines vasopneumatic device is "Recommended as an option to reduce edema after acute injury." Per the cited guidelines, Available evidence suggests a low incidence (of DVT deep vein thrombosis and PE- pulmonary embolism), but the final decision to consider thromboprophylaxis rests with the operating surgeon. The patient's surgical history includes right shoulder open surgery on 11/6/14 which is a form of acute injury. In addition the pt had OPEN shoulder surgery that is more extensive than arthroscopic surgery and therefore the pt would be at relatively increased risk of post operative DVT. Therefore this request is medically necessary and appropriate. The request One day DVT Intermittent Pneumatic Compression Device rental date of service 11/06/14 is medically necessary and appropriate.