

Case Number:	CM15-0103268		
Date Assigned:	06/05/2015	Date of Injury:	12/20/2012
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 (IW) is a 61-year-old female who sustained an industrial injury on 12/20/2012. The report of injury is not found in the records received. The injured worker was diagnosed as having a rotator cuff rupture; superior labrum anterior posterior (SLAP) tear. Treatment to date has included an arthroscopic surgical repair of slap lesion (right). The date of surgery is 11/17/2014. A retrospective request is made for Compressions Stockings x 2 right shoulder (DOS 11/17/14). A pre-printed form is present on the IW's chart with an illegible signature in the physician signature line. The form is not completed. No reason is marked for the need for the device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 11/17/14): Compressions Stockings x 2 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Compressions Stockings x 2 right shoulder are not medically necessary per the ODG. The MTUS Guidelines do not address this issue. The ODG states that compression garments are not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. The documentation does not reveal a clear rationale for this request. Additionally, the guidelines do not recommend compression garments for the shoulder. The request is therefore not medically necessary.