

Case Number:	CM15-0128922		
Date Assigned:	07/20/2015	Date of Injury:	05/10/2014
Decision Date:	12/08/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/03/2015

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, Oregon,
 Washington Certification(s)/Specialty: Orthopedic
 Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old female with a date of injury on 5-10-14. A review of the medical records indicates that the injured worker is undergoing treatment for a left shoulder injury. Progress report dated 10-27-14 reports continued complaints of slight to moderate left shoulder pain that is aggravated by lifting, reaching, and pushing. Physical exam: left shoulder range of motion is decreased in all planes, tender to palpation, neer impingement test is positive, hawkins impingement test is positive, and there is pain with resisted abduction. MRI of left shoulder shows a complete retracted rotator cuff tear with degenerative spurring at the acromioclavicular joint. Treatments include: medication, physical therapy, acupuncture, surgery, biofeedback therapy, spinal cord stimulator, TENS unit and surgery. Request for authorization was made for Retrospective: Intermittent Limb Compression Device QTY: 1 (DOS: 01/27/2015) and Retrospective: Pressure Pneumatic Appliance, Half Leg QTY: 1 (DOS: 01/27/2015). Utilization review dated 6-16-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Intermittent Limb Compression Device QTY: 1 (DOS: 01/27/2015): 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, 9th Edition (web), Shoulder, Venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Compression Garments.

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend to use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient there is no documentation of a history of increased risk of DVT or major knee surgery. There is no evidence of increased risk for DVT based upon the exam note of 10/27/14. Therefore the request is not medically necessary.

Retrospective: Pressure Pneumatic Appliance, Half Leg QTY: 1 (DOS: 01/27/2015):
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, 9th Edition (web), Shoulder, Venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Compression Garments.

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend to use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient there is no documentation of a history of increased risk of DVT or major knee surgery. There is no evidence of increased risk for DVT based upon the exam note of 10/27/14. Therefore the request is not medically necessary.