

Case Number:	CM15-0141381		
Date Assigned:	08/05/2015	Date of Injury:	03/08/2015
Decision Date:	09/02/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/21/2015

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: Montana, Oregon, Idaho
 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:

The injured worker is a 60 year old male, who sustained an industrial injury on 3-8-2015. The mechanism of injury is unknown. The injured worker was diagnosed as having left shoulder complete rotator cuff tear via left shoulder magnetic resonance imaging. Treatment to date has included therapy and medication management. In a progress note dated 7-7-2015, the injured worker complains of left shoulder pain. Physical examination showed left shoulder tenderness, decreased range of motion and positive impingement test. The injured worker had a pending surgery scheduled for left shoulder arthroscopy. The treating physician is requesting Retrospective: DVT Compression Device - Calf Cuffs and Pump/Left and Right Calves (1 Day Rental).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: DVT Compression Device - Calf Cuffs and Pump/Left and Right Calves (1 Day 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, Shoulder Chapter (Online version), Compression garments; cold compression therapy.

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.

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 using 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 7/715. Therefore medical necessity cannot be established and therefore the request for the DVT compression device is not medically necessary.