

Case Number:	CM15-0144235		
Date Assigned:	08/05/2015	Date of Injury:	10/13/2014
Decision Date:	09/08/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/24/2015

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 54 year old female, who sustained an industrial injury on 10-13-2014. She reported over use type injury to the right shoulder. Diagnoses include pain shoulder, impingement syndrome, and tendinitis bicep. Treatments to date include anti-inflammatory, NSAID, opioid, physical therapy, and cortisone injection. Currently, she complained of right shoulder pain. On 4-7-15, the physical examination documented right shoulder tenderness and positive Speed's test. The plan of care included right shoulder biceps tenodesis-tenotomy surgery. The appeal requested authorization for pneumatic appliance, half leg, pneumatic compressor with calbert gradient, pneumatic compression garments times 2, and pneumatic compression home model.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Pneumatic Compression garments quantity 2 DOS 4-17-15: 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, 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) Shoulder Chapter, under Compression Garments and Other Medical Treatment Guidelines National Guidelines Clearinghouse : regarding mechanical compression devices in the lower extremities.

Decision rationale: The patient presents on 04/07/15 with unrated right shoulder pain. The reason for this visit is the final examination prior to upcoming shoulder surgery. The patient's date of injury is 10/13/14. Patient has no prior history of surgery directed at this complaint. The request is for retrospective pneumatic compression garments quantity 2 dos 4/17/15. The RFA was not provided. Physical examination dated 04/07/15 reveals tenderness to palpation of the right shoulder subacromial bursa, bicipital groove, and acromioclavicular joint. The provider also notes positive Neer's impingement test and positive horizontal abduction test. The patient is currently prescribed Tylenol, Mobic, Levothyroxine, Dulera, and a Vitamin D supplement. Diagnostic imaging included MRI of the right shoulder dated 01/06/15, significant findings include: "Mild supraspinatus, infraspinatus, and subscapularis tendinosis... Mild acromioclavicular osteoarthritis... The acromion is antegrade downsloping... Mild intra-articular biceps tendinosis." Patient's current work status is not provided. MTUS and ODG do not discuss pneumatic compression therapy for hand complaints. Though ODG Shoulder Chapter, under Compression Garments states: "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... It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors." The National Guidelines Clearinghouse also recommends "mechanical compression devices in the lower extremities are suggested in elective spinal surgery to decrease the incidence of thromboembolic complications." For duration of use, it recommends it from just prior to or at the beginning of surgery and continuation until the patient is fully ambulatory. In regard to the request for pneumatic compression garments for the prevention of post-operative deep vein thrombosis, this patient does not meet guideline criteria. Such DVT prophylaxis units are typically utilized in patient's whose surgical recovery is expected to involve prolonged periods of bed rest; such as those undergoing spinal surgery or hip replacement. Progress notes indicate that this patient is scheduled to undergo right shoulder surgery, a procedure which is unlikely to result in a prolonged period of bed rest, if any. This patient is also an otherwise healthy 54 year old female with no documented coagulopathies which would place her at increased risk of DVT. Furthermore, the requesting provider does not include a duration of therapy, as compression is only utilized in the immediate post-operative time frame. Without a clearer rationale as to why this patient will require prolonged bed rest, additional DVT risk factors, or a duration over which DVT compression is to be applied, the medical necessity cannot be substantiated. The request is not medically necessary.

Retrospective Pneumatic Compression home model, DOS 4-17-15: 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, 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) Shoulder Chapter, under Compression Garments and Other Medical Treatment Guidelines National Guidelines Clearinghouse : regarding mechanical compression devices in the lower extremities.

Decision rationale: The patient presents on 04/07/15 with unrated right shoulder pain. The reason for this visit is the final examination prior to upcoming shoulder surgery. The patient's date of injury is 10/13/14. Patient has no prior history of surgery directed at this complaint. The request is for retrospective pneumatic compression home model dos 4/17/15. The RFA was not provided. Physical examination dated 04/07/15 reveals tenderness to palpation of the right shoulder subacromial bursa, bicipital groove, and acromioclavicular joint. The provider also notes positive Neer's impingement test and positive horizontal abduction test. The patient is currently prescribed Tylenol, Mobic, Levothyroxine, Dulera, and a Vitamin D supplement. Diagnostic imaging included MRI of the right shoulder dated 01/06/15, significant findings include: "Mild supraspinatus, infraspinatus, and subscapularis tendinosis... Mild acromioclavicular osteoarthritis... The acromion is antegrade downsloping... Mild intra-articular biceps tendinosis." Patient's current work status is not provided. MTUS and ODG do not discuss pneumatic compression therapy for hand complaints. Though ODG Shoulder Chapter, under Compression Garments states: "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... It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors." The National Guidelines Clearinghouse also recommends "mechanical compression devices in the lower extremities are suggested in elective spinal surgery to decrease the incidence of thromboembolic complications." For duration of use, it recommends it from just prior to or at the beginning of surgery and continuation until the patient is fully ambulatory. In regard to the request for a pneumatic compression device for the prevention of post-operative deep vein thrombosis, this patient does not meet guideline criteria. Such DVT prophylaxis units are typically utilized in patient's whose surgical recovery is expected to involve prolonged periods of bed rest; such as those undergoing spinal surgery or hip replacement. Progress notes indicate that this patient is scheduled to undergo right shoulder surgery, a procedure which is unlikely to result in a prolonged period of bed rest, if any. This patient is also an otherwise healthy 54 year old female with no documented coagulopathies which would place her at increased risk of DVT. Furthermore, the requesting provider does not include a duration of therapy, as compression is only utilized in the immediate post-operative time frame. Without a clearer rationale as to why this patient will require prolonged bed rest, additional DVT risk factors, or a duration over which DVT compression is to be applied, the medical necessity cannot be substantiated. The request is not medically necessary.