

Case Number:	CM15-0183491		
Date Assigned:	09/24/2015	Date of Injury:	05/12/2014
Decision Date:	10/29/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/17/2015

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: Massachusetts

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

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 44-year-old man sustained an industrial injury on 5-12-2014. Diagnoses include partial thickness rotator cuff tear, cervicgia, and cervical radiculitis. Treatment has included oral medications, surgical intervention, and physical therapy. Physician notes dated 5-15-2015 show complaints of shoulder pain. The physical examination shows moderate pain with neck rotation, right shoulder range of motion forward flexion to 90 degrees, abduction to 100 degrees. Tenderness to palpation is noted over the upper trapezius, anterior capsule, and teres minor. Left shoulder range of motion is forward flexion and abduction to 175 degrees. Cervical spine with a negative Spurling's maneuver, axial pain on rotation to the right, but retains full range of motion. Recommendations include Norco, Prednisone, Ibuprofen, cervical spine MRI, and follow-up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DME purchase of Venapro deep vein thrombosis unit, garment and abduction sling for the left shoulder DOS 12/6/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Shoulder (Acute & Chronic), Compression garments (2) Shoulder (Acute & Chronic), Postoperative abduction pillow sling and Other Medical Treatment Guidelines Bates SM, Jaeschke R, Diagnosis of DVT: anti-thrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl):e351 S-418 S and Suppl: 195 S-e226 S.

Decision rationale: The claimant sustained a work injury in May 2014 and underwent a left shoulder arthroscopic rotator cuff repair with biceps tenodesis for a partial rotator cuff tear in December 2014. The claimant has a negative past medical history. His body mass index is nearly 30. Postoperative treatments included an abduction sling and DVT compression unit with garment. A compression garment is not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery, but are rare following upper extremity surgery, especially shoulder arthroscopy. Available evidence suggests a low incidence. In this case, the claimant has no identified risk factors for an upper extremity DVT. He underwent a partial rotator cuff repair without reported complication. A postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears, but is not used after an arthroscopic repair. For these reasons, the request is not considered medically necessary.