

Case Number:	CM15-0020122		
Date Assigned:	02/09/2015	Date of Injury:	12/02/2009
Decision Date:	04/03/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/03/2015

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, Arizona
 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 38-year-old female who reported an injury on 12/02/2009. Her diagnoses include contracture of the shoulder joint and pain in the left shoulder joint. Her past treatments included medication, physical therapy, and postoperative physical therapy. Her surgical history included a left shoulder surgery on 10/13/2010 and 10/23/2013, and a left shoulder arthroscopic capsularrhaphy on 01/30/2014. On 10/09/2014, the injured worker complained of left shoulder pain rated 5/10. The physical examination of the left shoulder revealed no tenderness, crepitus, warmth, or palpable deformity. The injured worker had a normal humeral abduction, humeral flexion, external rotation, and internal rotation. The injured worker's shoulder strength was indicated to be within normal limits. The injured worker also had a negative Neer's sign, Hawkins sign, active compression, drop arms, and belly press test. Current medications were noted to include Benadryl. The treatment plan included a full arm DVT garment purchase. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Full arm DVT garment purchase: 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, Compression Garments.

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: The request for Full arm DVT garment purchase is not medically necessary. According to the Official Disability Guidelines, compression garments are not generally recommended in the shoulder. Furthermore, deep venous thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgeries and are rare following upper extremity surgeries, especially shoulder arthroscopies. The injured worker was indicated to have a normal shoulder examination. However, there was lack of documentation to indicate the injured worker had a risk factor for deep venous thrombosis and pulmonary embolisms. Furthermore, there was lack of documentation to indicate the injured worker had a lower extremity orthopedic surgery to indicate medical necessity for a DVT compression garment. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.