MAXIMUS Federal Services

Case Number:	CM15-0024191		
Date Assigned:	02/13/2015	Date of Injury:	03/18/2011
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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: TR, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 36 year old female with an industrial injury dated 03/18/2011. Her diagnoses include impingement syndrome of the right shoulder, partial rotator cuff tear to the right shoulder, and extensive bursitis. No recent diagnostic testing was submitted or discussed. Previous treatments have included medications, injections, and home exercise program. The injured worker had previously also undergone a left carpal tunnel release with de Quervain's release and a right carpal tunnel release. In a progress note dated 11/20/2014, the treating physician reports increasing severe right shoulder pain, and mild residual pain in both hands. The objective examination revealed anterior subacromial tenderness, restricted range of motion in the left shoulder, positive impingement sign, and positive Hawkins test. There was an operative report dated 01/16/2015, showing that the injured worker underwent a right shoulder arthroscopy with arthroscopic subacromial decompression/partial anterior acromioplasty, debridement of partial thickness rotator cuff tear, extensive bursectomy, and injection of Marcaine into the subacromial space with preoperative analgesia. The treating physician is requesting pneumatic compressor (21 day rental) for the right shoulder post-operative which was denied by the utilization review. On 01/19/2015, Utilization Review non-certified a request for pneumatic compressor (21 day rental) for the right shoulder post-operative, noting that the ODG does not recognize pneumatic compression for the shoulder as being medically necessary with outcome base study support. The ODG Guidelines were cited. On 02/09/2015, the injured worker submitted an application for IMR for review of pneumatic compressor (21 day rental) for the right shoulder post-operative.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Pneumatic compressor 21 day rental for the right shoulder post-operative: 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), Shoulder Chapter, Compression garments

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold Compression Therapy - Shoulder

Decision rationale: The MTUS does not include guidance on the use of pneumatic compression devices for post-operative shoulders, and therefore the ODG guidelines provide the preferred mechanism for assessment of medical necessity in this case. With respect to cold compression therapy, the ODG does not recommend this treatment in the shoulder as there are no published studies to provide evidence for efficacy, although it may be an option for other body parts. Because the guidelines clearly do not recommend use of pneumatic compression devices in post-operative shoulders, the request in this case can not be considered medically necessary.