

Case Number:	CM15-0029525		
Date Assigned:	02/23/2015	Date of Injury:	03/18/2013
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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: 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 51 year old male, who sustained an industrial injury on 3/18/2013. He has reported right shoulder pain and neck pain. The diagnoses have included degenerative joint disease right shoulder, loose bodies right shoulder, cervical disc protrusion, ulnar neuritis bilateral upper extremities and carpal tunnel syndrome. He is status post right shoulder surgery on 1/16/15. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), cortisone injection, and physical therapy. Currently, the IW complains of severe right shoulder pain and neck pain. The evaluation from 1/7/15 documented pending shoulder surgery. Physical examination documented cervical pain with Range of Motion (ROM), decreased right shoulder Range of Motion (ROM), and positive cubital tunnel test on right. The plan of care included right shoulder arthroscopy, which was completed on 1/16/14. On 1/20/2015 Utilization Review non-certified a DME: Pneumatic Compressor Device, noting the documentation did not support that he was unable to ambulate. Non MTUS, ACOEM, or ODG Guidelines were cited. On 2/17/2015, the injured worker submitted an application for IMR for review of DME: Pneumatic Compressor Device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic Compressor Device: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter online for Compression Garments.

Decision rationale: The 1/20/15 Utilization Review letter states the Pneumatic compression device requested on the 1/16/15 medical report was denied because Aetna guidelines state it is for the lower extremities to reduce chances of DVT in members who are unable to walk, and it did not appear that the patient is unable to walk. The 1/16/15 report provided is an operative report that apparently has the typographical error on the date showing "01/16/14", but the remainder of the pages show the 2015 date. The surgery was for right shoulder arthroscopic subacromial decompression and acromioplasty, and debridement. This request is for a pneumatic compression device following shoulder arthroscopy. ODG-TWC guidelines, Shoulder Chapter online for 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, especially shoulder arthroscopy. ODG-TWC guidelines do not recommend compression garments following shoulder arthroscopy. The request is not in accordance with ODG guidelines. The request for a pneumatic compression device for this procedure IS NOT medically necessary.