

Case Number:	CM15-0214335		
Date Assigned:	11/04/2015	Date of Injury:	09/30/2013
Decision Date:	12/18/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/30/2015

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 45 year old male who sustained an industrial injury September 30, 2013. Past treatment included activity modification, anti-inflammatory medication, physical therapy, and cortisone injection. Past history included right shoulder manipulation under anesthesia 2014, status post arthroscopy of right shoulder, lysis of adhesions, rotator cuff debridement, revision of subacromial decompression, Mumford procedure, and partial acromionectomy October 7, 2015. Diagnoses are right shoulder impingement; severe adhesive capsulitis. On the day of surgery, October 7, 2015, the secondary treating physician's treatment plan included a comfort sling to remove and perform range of motion, physical therapy daily for two weeks, and dispensed medication. At issue, is the request for authorization dated October 7, 2015, for a pneumatic intermittent Compression Device to prevent post-operative deep vein thrombosis. According to utilization review dated October 14, 2015, the request for a Pneumatic Intermittent Compression Device is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic intermittent compression device: 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 (updated 09/08/2015)- Online Version.

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.

Decision rationale: The current request is for a PNEUMATIC INTERMITTENT COMPRESSION DEVICE. The RFA is dated 10/31/15. Treatment history include right shoulder manipulation under anesthesia 2014, arthroscopy of right shoulder, lysis of adhesions, rotator cuff debridement, revision of subacromial decompression, Mumford procedure, and partial acromionectomy on October 7, 2015, physical therapy, chiropractic treatments, and medications. The patient is not working. 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. Per report 10/07/15, the patient is scheduled to undergo a right shoulder surgery, and recommendation was made for post-operative sling to remove and perform range of motion, physical therapy daily for two weeks, and a pneumatic intermittent Compression Device to prevent post-operative deep vein thrombosis. ODG does not generally recommend pneumatic compression device for the shoulder, and there is no documented coagulopathies, which would place the patient at increased risk of DVT. Therefore, the request IS NOT medically necessary.