

Case Number:	CM15-0031063		
Date Assigned:	02/24/2015	Date of Injury:	10/28/2011
Decision Date:	04/09/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/19/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 who sustained a work related injury on October 28, 2011, after incurring shoulder injuries. She was diagnosed with left shoulder pain, impingement syndrome and rotator cuff tears. Treatment included physical therapy and medications. She underwent a left shoulder arthroscopic surgery for pain and decreased range of motion. On January 8, 2015, a request for a service of a segmental pneumatic appliance one day rental and a purchase of SCD sleeves times 2 was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Segmental pneumatic appliance for 1 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic), (updated 10/31/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Cold compression, venous thromboembolism, compression garments.

Decision rationale: Cold compression therapy is not recommended in the shoulder per ODG guidelines. Compression garments are also generally not recommended. The incidence of deep vein thrombosis after shoulder arthroscopy is one in 1000. Therefore prophylaxis is not necessary. However, in patients with a history of deep vein thrombosis and those at high risk, particularly those undergoing a shoulder arthroplasty, pharmacologic prophylaxis is necessary. The documentation does not indicate high risk of deep vein thrombosis. The patient is undergoing arthroscopy of the shoulder which is a low risk procedure. As such, cold compression therapy with pneumatic compression and compression garments are not felt to be necessary per guidelines. In light of the foregoing, the request for intermittent pneumatic compression device 1 day rental and compression garments is not supported and as such, the medical necessity of the request has not been substantiated.

SCD sleeves X 2 purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder section (Acute & Chronic) (updated 10/31/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OGD: Section: Shoulder, Topic: Cold compression, venous thromboembolism, compression garments.

Decision rationale: Cold compression therapy is not recommended in the shoulder per ODG guidelines. Compression garments are also generally not recommended. The incidence of deep vein thrombosis after shoulder arthroscopy is one in 1000. Therefore prophylaxis is not necessary. However, in patients with a history of deep vein thrombosis and those at high risk, particularly those undergoing a shoulder arthroplasty, pharmacologic prophylaxis is necessary. The documentation does not indicate high risk of deep vein thrombosis. The patient is undergoing arthroscopy of the shoulder which is a low risk procedure. As such, cold compression therapy with pneumatic compression and compression garments are not felt to be necessary per guidelines. In light of the foregoing, the request for intermittent pneumatic compression and compression garments, and sequential compression device sleeves is not supported and as such, the medical necessity of the request has not been substantiated.