

Case Number:	CM15-0037086		
Date Assigned:	03/05/2015	Date of Injury:	05/01/2014
Decision Date:	04/09/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/27/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 43 year old male who sustained a work related injury on May 1, 2014, after lifting a 40 pound box and felt a 'pop' in his right shoulder. He was diagnosed with a right shoulder internal derangement, rotator cuff tear, right shoulder sprain/strain injury, cervical sprain/strain, left shoulder sprain/strain, myalgia, and myositis. He underwent a right shoulder arthroscopy, chondroplasty, and synovectomy and clavicle resection. Treatments included pain medications, hot and cold packs, physical therapy and activity modification. Currently, the injured worker complained of persistent neck and bilateral shoulder pain with stiffness and decreased range of motion. On February 9, 2015, a request for a deep venous thrombosis (DVT) - Intermittent Pneumatic Compression Device was non-certified by Utilization Review, noting the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT - Intermittent Pneumatic Compression Device Qty: 2.00: 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), Forearm, Wrist, Hand, Vasopneumatic device and Shoulder, Venous Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition. Chapter 98 Pulmonary Embolism, Chapter 179 Thrombotic disorders. 2011.

Decision rationale: MTUS and ODG are silent on this issue. The patient is a 43-year-old male with a right shoulder injury on 05/01/2014. He had right shoulder surgery on 11/24/2014. Previously he had three knee surgeries and a left shoulder surgery in 2011. There is no documentation of DVT, pulmonary embolism or thrombosis. He is ambulatory, even after the right shoulder surgery and there was no DVT or immobilization of his lower extremities. He is not an increased risk for DVT and there is no pedal edema. There is no indication for the requested compression device and it is not medically necessary.