

Case Number:	CM15-0041097		
Date Assigned:	03/12/2015	Date of Injury:	09/04/2014
Decision Date:	04/14/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/04/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 9/4/14. He reported an injury to the right shoulder and currently is complaining of right shoulder pain. A right shoulder arthroscopy, subacromial decompression, rotator cuff repair, labral repair and possible biceps tenotomy is approved for this injured worker per results of an MRI dated 12/17/14. The injured worker was diagnosed as having positive impingement syndrome right shoulder; rotator cuff tear. Treatment to date is documented included MRI right shoulder (12/17/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT limb compression device - Calf Cuffs (left/right) and pump, for a one-day rental, provided on February 19, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines - shoulder chapter- compression and pg 10.

Decision rationale: According to the guidelines, compressions are 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. In this case, the claimant was having shoulder surgery. There was no indication of a hypercoagulable state or high risk. The request for compression garment for the shoulder is not medically necessary.