

Case Number:	CM15-0042782		
Date Assigned:	03/12/2015	Date of Injury:	03/22/2012
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/06/2015

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, Florida, Illinois
Certification(s)/Specialty: Emergency Medicine

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 female who reported an injury on 03/22/2012. The mechanism of injury involved a fall. The current diagnoses include right rotator cuff impingement and acromioclavicular joint arthrosis. The injured worker presented on 11/17/2014 for an orthopedic consultation with complaints of persistent pain. Upon examination, there was right shoulder tenderness at the AC joint. Range of motion was documented at 180/90/80. There was pain and weakness with abduction strength testing and positive impingement sign. Recommendations included a shoulder arthroscopy with acromioplasty, Mumford and possible rotator cuff repair. A request for authorization form was then submitted on 11/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request of Pneumatic compression device (Hours rental) DOS: 12/12/14:

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.

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, Venous Thrombosis.

Decision rationale: The Official Disability Guidelines recommend monitoring the risk of perioperative thromboembolic complications in both the acute and subacute periods for possible treatment in identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as anticoagulation therapy. The incidence of upper extremity DVT is much less than that of the lower extremity. It is recommended to treat patients of asymptomatic mild upper extremity DVT with anticoagulation alone. In this case, there was no indication that this injured worker would be at high risk for developing a postoperative venous thrombosis. The medical necessity for the requested device has not been established in this case. There was also no mention of a contraindication to oral anticoagulation therapy as opposed to a motorized mechanical device. Given the above, the request is not medically necessary.