

Case Number:	CM15-0047382		
Date Assigned:	03/19/2015	Date of Injury:	04/06/2013
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/12/2015

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: Texas, 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 61-year-old female, who sustained an industrial injury on 4/6/13. She reported pain on her left side related to a fall. The injured worker was diagnosed as having lumbar sprain, left rotator cuff tear and left knee partial meniscus tear. Treatment to date has included left shoulder angiogram, physical therapy, surgery and pain medications. The prescription and letter of medical necessity dated 12/5/14, indicated that the injured worker had several risk factors for a deep vein thrombosis, such as age, weight and previous surgical history. The treating physician requested a durable venaflo calf cuff and an intermittent limb compression device for use after upcoming arthroscopic surgery. The patient's surgical history include left shoulder arthroscopic surgery RTR in 12/2014 and right CTR. Any operative note was not specified in the records provided. Details of the post op treatment was not specified in the records provided. Any recent detailed clinical evaluation note of treating physician was not specified in the records. Any recent detailed physical examination of the left shoulder after surgery was not specified in the records provided. The medication list include Norco, Ibuprofen Prilosec, tramadol and Norflex. The patient has had X-ray of the left knee that revealed degenerative changes and meniscus tear on 8/14/14; MRI of the left shoulder that revealed full thickness RCT on 8/16/13. Per the doctor's note dated 10/10/14 patient had complaints of left shoulder and knee pain at 3/10. Physical examination of the left shoulder on 9/16/14 revealed tenderness on palpation, limited range of motion and 5/5 strength. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Venaflo Calf Cuff: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Deep Vein Thrombosis (DVT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 04/03/15) compression garments Forearm, Wrist, & Hand (updated 03/09/15) Vasopneumatic devices Knee & Leg (updated 02/27/15) Compression garments.

Decision rationale: Request: Durable Venaflo Calf Cuff ACOEM and CA MTUS chronic pain guidelines do not address this request. Therefore, ODG was used. Per the cited guidelines vasopneumatic device is "Recommended as an option to reduce edema after acute injury." Any evidence of edema was not specified in the records provided. The patient's surgical history include left shoulder arthroscopic surgery RTR in 12/2014. A recent detailed clinical evaluation note of the treating physician was not specified in the records. Any recent detailed physical examination of the left shoulder after surgery was not specified in the records provided. Any operative note was not specified in the records provided. Details of post op treatment were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Durable Venaflo Calf Cuff is not medically necessary.

Intermittent Limb 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: Deep Vein Thrombosis (DVT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 04/03/15) compression garments Forearm, Wrist, & Hand (updated 03/09/15) Vasopneumatic devices Knee & Leg (updated 02/27/15) Compression garments.

Decision rationale: Request: Intermittent Limb Compression Device ACOEM and CA MTUS chronic pain guidelines do not address this request. Therefore ODG was used. Per the cited guidelines vasopneumatic device is "Recommended as an option to reduce edema after acute injury." Any evidence of edema was not specified in the records provided. The patient's surgical history includes left shoulder arthroscopic surgery RTR in 12/2014. A recent detailed clinical evaluation note of treating physician was not specified in the records. A recent detailed physical examination of the left shoulder after the surgery was not specified in the records provided. Any operative note was not specified in the records provided. Details of the post op treatment was not specified in the records provided. Any evidence of diminished effectiveness of medications or

intolerance to medications was not specified in the records provided. Intermittent Limb Compression Device is not medically necessary.