

Case Number:	CM15-0057511		
Date Assigned:	04/02/2015	Date of Injury:	08/15/2014
Decision Date:	05/04/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/26/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 60 year old male, who sustained an industrial injury on 08/15/2014. He reported a right shoulder injury after a fall. The injured worker is currently diagnosed as having stage III impingement of right shoulder with evidence of full thickness tearing of the supraspinatus. Treatment to date has included right shoulder MRI, shoulder surgery on 12/09/2014, postoperative immobilizer brace, physical therapy/aquatic therapy, and medications. In a progress note dated 11/03/2014, the injured worker presented with complaints of right shoulder pain/weakness. The treating physician reported requesting authorization for a cold therapy unit with pads and an ultrasling as part of the durable medical equipment needed postoperatively for his shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Pneumatic Compression Device for the Right Shoulder (DOS 12/9/2014):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in

Workers Compensation, Treatment, Integrated Treatment/Disability Duration Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Compression Therapy.

Decision rationale: Official Disability Guidelines states "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. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. (Edgar, 2012) Although variability exists in the reported incidence of VTE, surgeons should still be aware of the potential for this serious complication after shoulder arthroplasty. (Saleh, 2013) Available evidence suggests a low incidence, but the final decision to consider thromboprophylaxis rests with the operating surgeon. (Madhusudhan, 2013) See Venous thrombosis in this chapter. See also Compression garments and Venous thrombosis in the Knee Chapter." Guidelines recommend against the use of compression devices for the shoulder. The treating physician has not detailed why an exception to guidelines should be granted and why chemical prophylaxis for blood clots is not sufficient. As such, the retrospective request for pneumatic compression device for the right shoulder (DOS 12/9/2014) is not medically necessary.