

Case Number:	CM15-0086866		
Date Assigned:	05/11/2015	Date of Injury:	09/07/2012
Decision Date:	06/19/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/06/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old male, who sustained an industrial injury on September 7, 2012. The injured worker was diagnosed as having rotator cuff sprain/strain, adhesive capsulitis of shoulder and lack of coordination. Treatment and diagnostic studies to date have included shoulder surgery, physical therapy and home exercise program (HEP). A progress note dated March 12, 2015 provides the injured worker complains of right shoulder pain. Physical exam notes painful decreased range of motion (ROM), weakness and dyskinesia. There is a request for non-segmental pneumatic appliance and Vascutherm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of non-segmental pneumatic appliance for the right shoulder: 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/Venous Thrombosis.

Decision rationale: MTUS does not discuss this request. ODG recommends DME equipment for DVT prophylaxis if there is specific discussion of the rationale and risk factors involved. Shoulder surgery by itself is not generally a substantial risk factor for DVT formation without other clinical concerns. Therefore the requested equipment is not supported by treatment guidelines and is not medically necessary.

Vascutherm (intermittent limb compression device) 30 day rental post-operative for the right shoulder: 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/Venous Thrombosis.

Decision rationale: MTUS does not discuss this request. ODG recommends DME equipment for DVT prophylaxis if there is specific discussion of the rationale and risk factors involved. Shoulder surgery by itself is not generally a substantial risk factor for DVT formation without other clinical concerns. Therefore the requested equipment is not supported by treatment guidelines and is not medically necessary.