

Case Number:	CM15-0089229		
Date Assigned:	05/13/2015	Date of Injury:	03/26/2012
Decision Date:	06/17/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/08/2015

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
 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:

This 57 year old female sustained an industrial injury on 3/26/12. She subsequently reported right upper extremity pain. Diagnoses include right rotator cuff tear and subacromial impingement, adhesive capsulitis, right wrist strain and right index trigger finger. Treatments to date include x-ray and MRI testing, right shoulder surgery, physical therapy, splinting, modified activity, injections and prescription pain medications. The injured worker continues to experience continued neck and right shoulder pain. On examination, muscle tenderness and tightness over the bilateral trapezius area and interscapular area, crepitance with side bending of the neck bilaterally. There is moderate amount of spasm in the mid thoracic area to palpation, but she is able to rotate and side bend comfortably. Rotation is symmetric and full. Sensation is normal in both upper extremities. Retrospective requests for rental: Pneumatic compression device high press rapid in FLTY/DFLTN cycl DOS: 05/15/14-05/28/14 and purchase: Pneumatic APP-SEG compr arm DOS: 05/15/14-05/28/14 were made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective rental: Pneumatic compression device high press rapid in FLTY/DFLTN cycl DOS: 05/15/14-05/28/14: 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).

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, Compression Garments.

Decision rationale: The patient presents on 04/07/14 with right shoulder and upper extremity pain rated 7/10. The patient's date of injury is 03/26/12. Patient is status post right subacromial decompression on 05/21/14. The request is for PNEUMATIC COMPRESSION DEVICE. The RFA was not provided. Physical examination of the right shoulder dated 04/07/14 reveals tenderness to palpation of the anterior shoulder, forward elevation of 160 degrees, external rotation of 70 degrees, and right thumb weakness secondary to pain. Provider also notes positive Speed's test, positive O'Brien's test, and positive impingement sign. The patient is currently prescribed Hydrochlorothiazide, Aspirin, Synthroid, and an unspecified pain medication. Diagnostic imaging included MR arthrogram of the right shoulder dated 07/01/13, significant findings include: "... a large re-tear involving the anterior leading edge of the supraspinatus tendon with contrast extending into the subacromial space... moderate to severe osteoarthritis of the acromioclavicular joint..." Patient's current work status is not provided. MTUS and ODG do not discuss pneumatic compression therapy for hand complaints. Though ODG Shoulder Chapter, under Compression Garments 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. 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." The National Guidelines Clearinghouse also recommends "mechanical compression devices in the lower extremities are suggested in elective spinal surgery to decrease the incidence of thromboembolic complications." For duration of use, it recommends it from just prior to or at the beginning of surgery and continuation until the patient is fully ambulatory. In regard to this retrospective rental (05/15/14 through 05/28/14) of a pneumatic compression system for the prevention of post-operative deep vein thrombosis, this patient does not meet guideline criteria. Such DVT prophylaxis units are typically utilized in patient's whose surgical recovery is expected to involve prolonged periods of bed rest; such as those undergoing spinal surgery or hip replacement. Progress notes indicate that this patient recently underwent right shoulder acromial decompression surgery, a procedure which is unlikely to result in a prolonged period of bed rest, if any. The documentation provided does not include evidence that this patient has any coagulopathies, which would place her at increased risk of DVT. Furthermore, the requesting provider specifies a two week rental of the device with the purchase of an associated wrap, though such devices are typically only used in the first few days following surgery until the patient is ambulatory. Without a clearer rationale as to why this patient will require prolonged bed rest, additional DVT risk factors, or an appropriate duration over which DVT compression is to be applied, the medical necessity cannot be substantiated. The request IS NOT medically necessary.

Retrospective purchase: Pneumatic APP-SEG compr arm DOS: 05/15/14-05/28/14: 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).

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, Compression Garments.

Decision rationale: The patient presents on 04/07/14 with right shoulder and upper extremity pain rated 7/10. The patient's date of injury is 03/26/12. Patient is status post right subacromial decompression on 05/21/14. The request is for PNEUMATIC COMPRESSION DEVICE. The RFA was not provided. Physical examination of the right shoulder dated 04/07/14 reveals tenderness to palpation of the anterior shoulder, forward elevation of 160 degrees, external rotation of 70 degrees, and right thumb weakness secondary to pain. Provider also notes positive Speed's test, positive O'Brien's test, and positive impingement sign. The patient is currently prescribed Hydrochlorothiazide, Aspirin, Synthroid, and an unspecified pain medication. Diagnostic imaging included MR arthrogram of the right shoulder dated 07/01/13, significant findings include: "... a large re-tear involving the anterior leading edge of the supraspinatus tendon with contrast extending into the subacromial space... moderate to severe osteoarthritis of the acromioclavicular joint..." Patient's current work status is not provided. MTUS and ODG do not discuss pneumatic compression therapy for hand complaints. Though ODG Shoulder Chapter, under Compression Garments 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. 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." The National Guidelines Clearinghouse also recommends, "mechanical compression devices in the lower extremities are suggested in elective spinal surgery to decrease the incidence of thromboembolic complications." For duration of use, it recommends it from just prior to or at the beginning of surgery and continuation until the patient is fully ambulatory. In regard to this retrospective purchase of a wrap for the pneumatic compression system, this patient does not meet guideline criteria for DVT prophylaxis and thus does not require the associated wrap. Such DVT prophylaxis units are typically utilized in patient's whose surgical recovery is expected to involve prolonged periods of bed rest; such as those undergoing spinal surgery or hip replacement. Progress notes indicate that this patient recently underwent right shoulder acromial decompression surgery, a procedure which is unlikely to result in a prolonged period of bed rest, if any. The documentation provided does not include evidence that this patient has any coagulopathies or vascular insufficiency, which would place her at increased risk of DVT. Without a clearer rationale as to why this patient will require prolonged bed rest, additional DVT risk factors, or an appropriate duration over which DVT compression is to be applied, the medical necessity cannot be substantiated. The request IS NOT medically necessary.

