

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0031744 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 01/17/2012 |
| Decision Date: | 02/18/2014 | UR Denial Date: | 08/30/2013 |
| Priority: | Standard | Application Received: | 10/04/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

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 patient is a 49-year-old male with date of injury 01/17/2012. He is currently under the care of [REDACTED] who has been treating both shoulders. [REDACTED] operated on the patient's right shoulder on 07/18/2013. The patient underwent a right shoulder arthroscopic surgery for decompression and resection of the distal clavicle. Postoperatively the patient attended at least 12 visits of physical therapy, but despite the therapy he has developed a significant capsulitis. In [REDACTED] chart note of 10/21/2013, the last record available for my review, the examination of the right shoulder showed external rotation with the arm adducted to be zero. Elevation was about 80° and abduction was about 85°. At this point, [REDACTED] felt that manipulation under anesthesia was the best treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 days of segmental gradient pressure pneumatic appliance X2 E0873 Bilateral leg compression stockings: 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) Leg and Knee

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Leg and Knee, pneumatic compression devices

Decision rationale: Despite having available for review the records from 2 additional postoperative visits since the initial utilization review non-certification of pneumatic compression devices, there is no documentation explaining why they would be needed for this patient. The Official Disability Guidelines do recommend pneumatic compression devices in the immediate postoperative period if the patient is to remain in bed. This does not appear to be the case for this patient. Recommend non-certification of pneumatic compression devices.