

Case Number:	CM14-0160677		
Date Assigned:	10/06/2014	Date of Injury:	05/17/2013
Decision Date:	10/30/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Family 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 45 year old male patient who sustained a work related injury on 05/17/2013. He sustained the injury due to regular job duties. The current diagnosis includes bilateral shoulder impingement syndrome. Per the doctor's note dated 9/2/14, patient is s/p left shoulder surgery performed on 8/27/14. Physical examination of the left shoulder revealed well healed incision, normal PROM and intact neurovascular examination of the upper extremities. The medications list was not specified in the records provided. He has undergone a left shoulder arthroscopy with subacromial decompression, Mumford, and rotator cuff repair with suture anchors on 8/27/14. He has had a left shoulder MRI on 6/14/14 which revealed mild degenerative change at the acromioclavicular joint, moderate tendinopathy of the supraspinatus and a partial thickness tear of the supraspinatus; MRI left elbow dated 5/7/14 which revealed minor appearing extensor tendinosis, trace edema about the biceps tendon, which may represent a mild strain; left shoulder X-rays dated 3/18/14 which revealed degenerative changes of the left AC joint. He has had PT and cortisone injections for this injury. He has had UDS on 7/29/14 with negative results.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Days Rental of Pneumatic Intermittent 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 Online Edition Chapter Shoulder Venous Thrombosis

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 08/27/14) Venous thrombosis, Compression garments Chapter: Knee & Leg (updated 10/07/14) Venous thrombosis

Decision rationale: Per the cited guidelines "It is recommended to treat patients of asymptomatic mild UEDVT with anticoagulation alone and patients of severe or extensive UEDVT with motorized mechanical devices in conjunction with pharmacological thrombolysis, without delay beyond 10-14 days. The administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. (Garofalo, 2010)."Pneumatic Intermittent Compression Device is a device with a compression garment that delivers intermittent compression. Per the cited guidelines, compression garments are "Not generally recommended in the shoulder. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors"The pt has had arthroscopic surgery to the left shoulder. The presence of identified coagulopathic risk factors that would require the use of a compression device after a shoulder arthroscopic procedure were not specified in the records provided . A detailed rationale for the use of the compression device after a shoulder arthroscopic procedure was not specified in the records provided. It is deemed that the medical necessity of 10 Days Rental of Pneumatic Intermittent Compression Device was not fully established in this patient. Therefore the request is not medically necessary