

<b>Case Number:</b>	CM14-0183694		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	05/08/2007
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Orthopedic Surgery, 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:

According to the records made available for review, this is a 49-year-old female with a 12/2/00 date of injury, At the time (9/29/14) of request for authorization for Compression unit rental x 14 days with pad purchase, there is documentation of subjective (left shoulder pain) and objective (decreased range of motion of the left shoulder and positive impingement test) findings, current diagnoses (adhesive capsulitis of the left shoulder), and treatment to date (physical therapy, cortisone injection, and medications). Medical reports identify a pending left shoulder arthroscopy with lysis of adhesions and capsular release surgery that has been authorized/certified. There is no documentation that the patient is at a high risk of developing venous thrombosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compression unit rental x 14 days with pad purchase:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Venous thrombosis

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of mechanical compression therapy. Within the medical information available for review, there is documentation of a diagnosis of adhesive capsulitis of the left shoulder. In addition, there is documentation of a pending left shoulder arthroscopy with lysis of adhesions and capsular release surgery that has been authorized/certified. However, there is no documentation that the patient is at a high risk of developing venous thrombosis. Therefore, based on guidelines and a review of the evidence, the request for Compression unit rental x 14 days with pad purchase is not medically necessary.