

Case Number:	CM14-0186068		
Date Assigned:	11/13/2014	Date of Injury:	11/01/2013
Decision Date:	12/16/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/07/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

The patient is a 59 year old male with date of injury 11/1/2013. The mechanism of injury is stated as a slip and fall. The patient has complained of left shoulder, lower back and right knee pain since the date of injury. He has been treated with lumbar spine surgery in 07/2013 (other specifics not given), epidural steroid injection, extracorporeal shock wave therapy, physical therapy, acupuncture and medications. MRI arthrogram of the left shoulder performed in 06/2014 revealed moderate acromioclavicular joint arthritis, infraspinatus tendinosis and full thickness tear of the supraspinatus tendon. Objective: antalgic gait, decreased and painful range of motion of the lumbar spine, tenderness to palpation of the bilateral paraspinous lumbar musculature, tenderness to palpation of the right knee and decreased range of motion of the right knee, tenderness to palpation of the right shoulder and decreased range of motion of the right shoulder. Diagnoses: lumbar spine degenerative joint disease; internal derangement of the knee; shoulder impingement. Treatment plan and request: Int. Pneumatic Compression Unit Rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Int. Pneumatic Compression Unit Rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi TX www.odg-twc.com; section: Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 300,213,339.

Decision rationale: This 59 year old male patient has complained of left shoulder, lower back and right knee pain since date of injury 11/1/2013. He has been treated with lumbar spine surgery in 07/2013 (other specifics not given), epidural steroid injection, extracorporeal shock wave therapy, physical therapy, acupuncture and medications. The current request is for Int. Pneumatic Compression Unit Rental. Per the MTUS guidelines cited above, Int. Pneumatic Compression Unit Rental is not recommended in the treatment of low back complaints, knee complaints or shoulder complaints. There is no rationale provided in the medical documentation regarding necessity of use of a Pneumatic Compression Unit Rental in the treatment of the patient's listed medical diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Int. Pneumatic Compression Unit Rental is not medically necessary.