

Case Number:	CM15-0019681		
Date Assigned:	02/09/2015	Date of Injury:	08/30/2012
Decision Date:	03/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/02/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 25 year old male, who sustained an industrial injury on August 30, 2012. The injured worker has reported bilateral shoulder pain and mid and low back pain. The diagnoses have included bilateral shoulder impingement syndrome, rotator cuff tear of the right shoulder, thoracic spine sprain/strain, osteoarthritis of the right acromioclavicular joint and moderate tendonitis of the left shoulder. Treatment to date has included pain management, x-rays, physical therapy, a corticosteroid injection of the bilateral shoulders, acupuncture and MRI of the right shoulder. Physical therapy was noted to give a temporary benefit. Current documentation dated December 17, 2014 notes that the injured worker complained of bilateral shoulder pain, worse on the right. He reported difficulty sleeping on the right shoulder. Physical examination of the right shoulder revealed tenderness to palpation and decreased range of motion. A Neer's sign and thumbs down test were positive. The patient was authorized for right shoulder arthroscopic sub acromial decompression and cuff repair. The patient has had MRI of the right shoulder on 4/23/13 that revealed partial thickness RCT. The medication list includes Tylenol and Voltaren gel. The patient sustained the injury due to cumulative trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Compression calf cuff (left/right) and pump 1 times rental for 1 day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Venous, Thrombosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder (updated 02/27/15) compression garments Forearm, Wrist, & Hand (updated 03/09/15) Vasopneumatic devices

Decision rationale: Request: DVT Compression calf cuff (left/right) and pump 1 times rental for 1 day. ACOEM and CA MTUS chronic pain guidelines do not address this request. Therefore ODG was used. Per the cited guidelines vasopneumatic device is "Recommended as an option to reduce edema after acute injury." Per the cited guidelines, Available evidence suggests a low incidence (of DVT deep vein thrombosis and PE- pulmonary embolism), but the final decision to consider thromboprophylaxis rests with the operating surgeon. The patient was authorized for right shoulder arthroscopic sub acromial decompression and cuff repair. This is a request for DVT Compression calf cuff (left/right) and pump 1 times rental for 1 day. The rationale for requesting a DVT Compression CALF cuff (left/right) and pump 1 times rental for 1 day in a right SHOULDER surgery was not specified in the records provided. The detailed examination of the calf/ leg was not specified in the records provided. The medical necessity of the request for DVT Compression calf cuff (left/right) and pump 1 times rental for 1 day is not fully established in this patient.