

Case Number:	CM15-0113250		
Date Assigned:	06/19/2015	Date of Injury:	01/20/2012
Decision Date:	07/21/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/12/2015

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: California
 Certification(s)/Specialty: Orthopedic Surgery

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 59-year-old male, with a reported date of injury of 01/20/2012. The diagnoses include status post right shoulder arthroscopy, status post rotator cuff repair, with possible re-tear. Treatments to date have included right shoulder surgery, physical therapy, and oral medications. The medical report dated 04/02/2015 indicates that the injured worker returned 62 days after a right shoulder arthroscopy. The injured worker reported that he had no constitutional symptoms of fevers or night sweats, and the pain was well controlled. The objective findings include well-healed portal sites in the right shoulder, normal right rotator cuff strength, and some weakness of the right shoulder with resisted scapilion. The medical report dated 01/06/2015 indicates that the injured worker had right shoulder discomfort. He rated the pain 7 out of 10. The injured worker reported that the symptoms were made worse by range of motion of the joint. The physical examination showed no tenderness to palpation of the right shoulder, positive impingement sign, active forward elevation at 120 degrees, passive forward elevation at 150 degrees, and normal motor testing. A recommendation was made to proceed with a right shoulder arthroscopy and possible rotator cuff revision versus debridement. Per an 01/30/2015 order, the treating physician requested an intermittent limb compression device for the bilateral legs, segmental gradient pressure pneumatic appliance for the right leg, and segmental gradient pressure pneumatic appliance of the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Intermittent limb compression device, bilateral leg, per 01/30/15 order: 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), Knee & Leg (updated 05/05/15) Online Version, Compression garments, Lymphedema pumps, Venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee and Leg section, Compression Garments.

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend to use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient there is no documentation of a history of increased risk of DVT or major knee surgery. There is no evidence of increased risk for DVT based upon the exam note of 1/30/15. Therefore medical necessity cannot be established and therefore the determinations for non-certification for the requested intermittent limb compression device.

Retrospective request for Segmented gradient pressure pneumatic appliance half leg, right leg and left, per 01/30/15 order: 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), Knee & Leg (updated 05/05/15) Online Version, Compression garments, Lymphedema pumps, Venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee and Leg section, Compression Garments.

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend to use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient there is no documentation of a history of increased risk of DVT or major knee surgery. There is no evidence of increased risk for DVT based upon the exam note of 1/30/15. Therefore medical necessity cannot be established and therefore the determinations for non-certification for the requested segmented gradient pressure pneumatic appliances for bilateral legs.

