

Case Number:	CM15-0127332		
Date Assigned:	07/14/2015	Date of Injury:	04/02/2002
Decision Date:	08/07/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/01/2015

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: North Carolina

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 59 year old male, who sustained an industrial injury on 4/02/2002. Diagnoses include shoulder degenerative joint disease. Treatment to date has included multiple surgical interventions of the left knee, right elbow, right shoulder x 4 (most recent 12/10/2014) and use of a postoperative limb compression device after the most recent right shoulder surgery. Per the Primary Treating Physician's Progress Report dated 4/14/2015, the injured worker presented for follow up of right shoulder pain. Physical examination revealed reduced ranges of motion with pain at range of motion extremes. The plan of care included medications and diagnostics. Authorization was requested for intermittent limb compression device for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective intermittent limb compression device for the right shoulder: 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), Shoulder (Acute & Chronic), Procedure Summary - 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, DVT prevention.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The ODG does not recommend DVT prevention for upper extremity surgeries due to the low probability of occurrence. In addition, pharmaceutical prevention is preferred over mechanical prevention. The provided clinical documentation does not show the patient to have a contraindication to pharmaceutical prevention. Therefore, the request is not medically necessary.