MAXIMUS Federal Services

| Case Number: | CM15-0128925 | | |
|---|---|---|---|
| Date Assigned: | 07/15/2015 | Date of Injury: | 02/07/2007 |
| Decision Date: | 08/10/2015 | UR Denial Date: | 06/23/2015 |
| Priority: | Standard | Application Received: | 07/02/2015 |

## 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: 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 60 year old female, who sustained an industrial injury on February 7, 2007. Several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having right shoulder chondromalacia, impingement and bursitis, right shoulder arthroscopy. Treatment to date has included shoulder surgery A surgical note dated February 11, 2015 provides the injured worker underwent right shoulder arthroscopic decompression and debridement. The operative note documents the injured worker tolerated the procedure well. A progress note dated February 17, 2015 provides the injured worker reports her right shoulder feels good. Physical exam notes no ecchymosis, erythema or effusion of the shoulder. There is a request for retroactive (DOS 2/11/2015) purchase of Vena Pro intermittent limb device and retroactive (DOS 2/11/2015) purchase of intermittent limb compression device.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Vena Pro Intermittent limp comp device (DOS 02/11/2015):** 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 Chapter (Online Version).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) DVT prevention.

**Decision rationale:** The California MTUS and ACOEM do not specifically address the requested service. The ODG does not recommend generally DVT prevention for upper extremity surgeries due to the low probability of occurrence. In high risk patients, pharmaceutical prevention is recommended over mechanical prevention. Therefore the request is not medically necessary.

**Purchase of Intermittent limp comp device/ wrap (DOS 02/11/2015):** 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 Chapter (Online Version).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) DVT prevention.

**Decision rationale:** The California MTUS and ACOEM do not specifically address the requested service. The ODG does not recommend generally DVT prevention for upper extremity surgeries due to the low probability of occurrence. In high risk patients, pharmaceutical prevention is recommended over mechanical prevention. Therefore the request is not medically necessary.