

Case Number:	CM15-0174177		
Date Assigned:	09/16/2015	Date of Injury:	01/01/2011
Decision Date:	10/16/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/03/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 39 year old female injured worker suffered an industrial injury on 1-1-2011. The diagnoses included left shoulder arthroscopy. On 8-19-2015 the treating provider requested the pneumatic intermittent compression device on the day of surgery for prevention of deep vein thrombosis post-operatively. On 8/21/2015 the treating provider reported that 2 days post-operatively there was little relief with Norco. On exam there was minimal swelling. The Utilization Review on 8-26-2015 determined non-certification for Post-op pneumatic intermittent compression device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op pneumatic int. compression device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/500_599/0500.html.

Decision rationale: Pursuant to the Aetna Clinical Policy Bulletin Intermittent Pneumatic Compression Devices, post-op pneumatic intermittent compression device is not medically necessary. Aetna considers treatment of the following medical problems medically necessary: venous stasis ulcers have failed to heal after a six-month trial of conservative therapy. A segmented device with manual control is considered medically necessary only when there is documentation the individual has unique characteristics that prevent satisfactory pneumatic compression treatment using a non-segment device with a segmented appliance/sleeve or segmented device without manual control of the pressure in each chamber. Aetna considers intermittent pneumatic compression devices of the lower extremity medically necessary DME to stimulate circulation and reduce the chances of deep vein thrombosis for members who are unable to walk, bedridden, orthopedic surgery, neurosurgery or other circumstances preventing ambulation. Aetna considers intermittent pneumatic compression experimental and investigational for the treatment of peripheral arterial occlusive disease, rehabilitation for distal radial fractures, treatment of sensory impairment upper extremities following stroke, upper extremity vascular ulcers, etc. See the attached link. The Official Disability Guidelines state "not generally recommended in the shoulder". The main thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery, but are rare following upper extremity surgery, especially shoulder arthroscopy. The preoperative workup should include risk factors for DVT. In this case, the injured worker's working diagnoses are impingement syndrome with narrowing of the proximal and distal coracoacromial arch, right worse than left; and bilateral bicipital tendinitis. There is no documentation in the medical record the injured worker is at high risk for deep vein thrombosis. There is no clinical indication or rationale in the medical record documentation (only in the request for authorization) for a pneumatic compression device. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation in the medical record the injured worker is at risk for deep vein thrombosis and no clinical indication or rationale for the pneumatic compression devices in the medical record documentation, post-op pneumatic intermittent compression device is not medically necessary.