

Case Number:	CM15-0177300		
Date Assigned:	09/18/2015	Date of Injury:	09/03/2008
Decision Date:	10/21/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/09/2015

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: Physical Medicine & Rehabilitation

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 47 year old, female who sustained a work related injury on 9-3-08. The diagnoses have included rotator cuff sprain, near full thickness rotator cuff tear, osteoarthritis right shoulder and shoulder impingement syndrome. She is being treated for right shoulder issues. Treatments have included right shoulder injections (no relief), physical therapy (no improvement), previous rotator cuff repair and medications. In the progress notes dated 3-5-14, the injured worker reports chronic right shoulder problems. She reports a "great deal of pain and difficulty." Upon physical exam, she has poor motion. She cannot place her hand behind her head or behind her back. Abduction shows significant pain and discomfort at 70 degrees. She has obvious decreased abduction power as compared to the other arm. She has tenderness about the subacromial area and over the acromioclavicular joint. The provider states an MRI of the right shoulder came back "abnormal showing a recurrent tear of the rotator cuff as well as a 4mm subacromial enthesophyte. The rotator cuff tear was described as 3cm in length with a near full thickness tear noted." Working status is not noted. The treatment plan includes surgery to right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: pneumatic compression device with bilateral half leg wraps date of service

4/18/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, pages 909-910.

Decision rationale: MTUS and ACOEM are silent on DME requested; however, ODG does state regarding pneumatic compression may be effective in patient undergoing hip or knee replacement post warfarin anti-coagulant therapy and has weak evidence lacking clinically significant differences in outcome of passive mobilization versus no intervention under the upper extremity (forearm, wrist, and hand) chapter. Guidelines are silent on use of pneumatic compression as treatment for post shoulder arthroscopy. Submitted reports have not adequately demonstrated medical necessity for this DME without comorbidity. The patient is s/p shoulder arthroscopy on 4/18/14, over 1-1/2 years ago with current request for shoulder treatment. The Retro: pneumatic compression device with bilateral half leg wraps date of service 4/18/2014 is not medically necessary and appropriate.