

Case Number:	CM15-0178691		
Date Assigned:	09/18/2015	Date of Injury:	11/20/2014
Decision Date:	10/23/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/10/2015

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: Emergency 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 injured worker is a 36 year old male, who sustained an industrial injury on 11-20-2014. The injured worker was diagnosed left shoulder acromioclavicular joint separation, left parietal scalp laceration and left shoulder strain vs. internal derangement. The request for authorization is for: pressure pneumatic appliance, half leg; intermittent limb compression device, left shoulder; intra-operative use intermittent limb compression, half leg pressure pneumatic. The UR dated 8-12-2015: approved intra-operative use intermittent limb compression, half leg pressure pneumatic; and non-certified pressure pneumatic appliance half leg and intermittent limb compression device, left shoulder. On 6-10-2015, he reported left shoulder pain rated 10 out of 10. He indicated his symptoms to have "slightly improved". On 7-10-2015, he reported left shoulder pain rated 10 out of 10. The provider noted "the patient's symptoms are resolving as anticipated". On 8-7-2015, he reported left shoulder pain rated 10 out of 10. The provider noted no change in symptoms and no change in work status. On 8-21-2015, he is off work. He reported left shoulder pain rated 10 out of 10. Objective findings revealed deformity of the left acromioclavicular joint, surgical scars, restricted range of motion and pain in the area. The treatment and diagnostic testing to date has included: x-rays of the left shoulder (11-21-2014), x-rays of the cervical spine (11-24-2014), cortisone injection of left shoulder (1-8-2015), physical therapy (several sessions prior to surgery), medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pressure pneumatic appliance, half leg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous Thrombosis.

Decision rationale: MTUS Chronic pain or ACOEM Guidelines do not have any adequate information concerning this topic. Official Disability Guidelines(ODG) states that patient at high risk of venous thrombosis shoulder be identified and prophylactic measures should be considered. Primary recommendations include use of anticoagulants or aspirin. Mechanical compression and compression garments may be beneficial. ODG recommends up to 7-10 days of post surgical prophylaxis is ideal and may be extended up to 28 days in high-risk patients. The provider has failed to provide any concurrent risk factors for DVT such as current medical problems or functional status or plan for physical therapy. There is no provided evidence that patient is high risk for DVT. While the requested leg Pneumatic device may be beneficial to the patient, this is an incomplete request that does not specify length or rental or use of device. Therefore, it is not medically necessary.

Intermittent limb compression device, left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Chronic pain or ACOEM Guidelines do not have any adequate information concerning this topic. Official Disability Guidelines (ODG) states that compression garments are usually not required for shoulder surgery especially arthroscopic surgery due to low risk for developing deep vein thrombosis although risks for DVT development needs to be reviewed. Patient has no significant increased risk for DVT documented. This is an incomplete request that does not specify length or rental or use of device and due to low risk for surgery and no documented risk factors for DVT or need for immobilization, Pneumatic Intermittent Compression Device of left shoulder is not medically necessary.