

Case Number:	CM15-0179453		
Date Assigned:	09/21/2015	Date of Injury:	08/10/2014
Decision Date:	10/26/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/11/2015

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:

This 35 year old male sustained an industrial injury on 8-10-14. Documentation indicated that the injured worker was receiving treatment for right shoulder acromioclavicular arthrosis with impingement. Previous treatment included physical therapy, injections and medications. In an orthopedic consultation report dated 1-9-15, the injured worker reported having persistent discomfort with pushing, pulling and overhead reaching associated with a sense of weakness. The physician documented that magnetic resonance imaging right shoulder (11-28-14) showed supraspinatus tendinitis and degenerative changes involving the acromial joint. Physical exam was remarkable for right shoulder with forward flexion and abduction to 160 degrees, positive impingement and abduction signs, tenderness to palpation over the acromial joint, pain at the insertion site of the supraspinatus tendon and pain thru the arc of motion from 60 to 120 degrees. The treatment plan included right shoulder arthroscopic subacromial decompression and distal clavicle resection. In a preoperative evaluation dated 1-28-15, past medical history was insignificant. Besides the system associated with the shoulder injury, a complete review of systems was performed and was all negative. Physical exam was remarkable for lungs clear to auscultation, "normal" heart sounds, "normal" bowel sounds and non-tender abdomen. The physician noted that the injured worker's physical exam and electrocardiogram were normal. The injured worker underwent right shoulder arthroscopic decompression and distal clavicle resection on 2-11-15 without complication. On 2-9-15, a request for authorization was submitted for intermittent limb compression device and Seg Grad pneumatic half leg (right and left). On 8-10-15, Utilization Review noncertified a request for intermittent limb compression device and Seg Grad pneumatic half leg (right and left). Letter of appeal from equipment rental company dated 6/20/15 was reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent Limb 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, Compression Garments.

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 noted significant increased risk for DVT. Due to low risk for surgery and no documented risk factors for DVT or need for immobilization, Intermittent Limb Compression Device is not medically necessary.

Seg Grad Pneumatic Half Leg right and left: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, 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 noted significant increased risk for DVT. Due to low risk for surgery and no documented risk factors for DVT or need for immobilization, Seg Grad Pneumatic Half Leg right and left is not medically necessary.