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| <b>Case Number:</b>   | CM15-0026925 |                              |            |
| <b>Date Assigned:</b> | 02/19/2015   | <b>Date of Injury:</b>       | 12/16/2013 |
| <b>Decision Date:</b> | 04/03/2015   | <b>UR Denial Date:</b>       | 01/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/12/2015 |

### 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 male, who sustained an industrial injury on December 16, 2013. He has reported that the injury occurred when he was forcibly removing a filter, twisting the left shoulder. The diagnoses have included left shoulder type II acromion bursitis, left shoulder strain, and rotator cuff tendinitis. Treatment to date has included home exercise program, physical therapy, heat and cold therapy, and medications. Currently, the injured worker complains of left shoulder pain. The Treating Physician's report dated December 18, 2014, noted the physical examination of the left shoulder showed a positive arc sign, positive impingement sign, gross weakness of the rotator cuff musculature, most notably in the infraspinatus and supraspinatus musculature. Clicking was noted from the AC joint, with tenderness noted along the superolateral aspect of the shoulder in bursal extension and over the rotator cuff. The Physician recommended surgical decompression of the left shoulder with compression pump and pants to prevent a deep vein thrombosis (DVT). On January 30, 2015, Utilization Review non-certified a deep vein thrombosis compression device, noting that surgery was not medically necessary, therefore the request was also not medically necessary. The Official Disability Guidelines (ODG) was cited. On February 12, 2015, the injured worker submitted an application for IMR for review of a deep vein thrombosis compression device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment: Inter limb compress dev NOS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Surgical Considerations Official Disability Guidelines, Shoulder Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter, compression garments.

**Decision rationale:** This patient presents with chronic left shoulder pain. The current request is for DURABLE MEDICAL EQUIPMENT: INTER LIMB COMPRESS DEV, NOS. The utilization review indicates that the surgery is not medically necessary, so the request is also not medically necessary. According to progress report dated 12/18/2014, the patient's MRI confirms type II acromial bursitis and rotator cuff tendonitis and the treating physician is recommending surgical decompression of the left shoulder. Postoperative durable medical equipment including compression pump and pants to prevent DVT was recommended. The ODG Guidelines under the shoulder chapter state for compression garments, "not generally recommended in the shoulder." It appears that the requested surgery has not yet been authorized. In this case, ODG does not recommend compression wraps for the shoulder. Furthermore, the requested surgery has not been authorized. This request is not medically necessary.