

Case Number:	CM15-0074400		
Date Assigned:	04/24/2015	Date of Injury:	02/08/2013
Decision Date:	05/21/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/20/2015

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, Pain Management

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 27 year old female, who sustained an industrial injury on 2/8/2013. She reported being assaulted at work. The injured worker was diagnosed as having right shoulder impingement, subacromial bursitis, and right shoulder postero-inferior gleno-humeral subluxation. Treatment to date has included right shoulder surgery, psychotherapy, and medications. The request is for pneumatic compression. The treatment plan included: continuous passive motions, cold therapy, pneumatic compression, and shoulder immobilizer, and Norco. She indicates she only takes Norco as needed, and it provides her with 50% pain relief. On 2/23/2015, she has continued complaint of unchanged neck and back pain, intermittent TMJ pain, headaches 3-4 times weekly, and constant right shoulder pain that increases with reaching motions or over shoulder use. She indicates the pain to wake her at night. Notes indicate that the patient is planning to undergo additional shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic compression QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines -Knee and Leg (Acute & Chronic) updated 2/27/15.

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, Compression Garments.

Decision rationale: Regarding the request for a Pneumatic compression device, California MTUS and ACOEM do not contain criteria for this request. ODG states that compression garments are not generally recommended in the shoulder. They go on to state that deep venous thrombosis and pulmonary embolism are rare following upper extremity surgery especially shoulder arthroscopy. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. Within the documentation available for review, there is no indication that the patient has undergone a preoperative workup indicating that the patient is at high risk for coagulopathy. As such, the currently requested Pneumatic compression device is not medically necessary.