

Case Number:	CM15-0077564		
Date Assigned:	04/29/2015	Date of Injury:	01/13/2008
Decision Date:	05/26/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/23/2015

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 51 year old female who sustained an industrial injury on 01/13/2008. Diagnoses include chronic subacromial impingement, right shoulder, degenerative joint disease right acromioclavicular joint-severe, superior labrum degenerative type 1 SLAP tear, and bursal surface partials thickness rotator cuff, supraspinatus, infraspinatus tendon tear. Treatment to date has included diagnostic studies, medications, cortisone injections, and physiotherapy. A physician progress note dated 03/23/2015 documents the injured worker is a higher risk for developing deep venous thrombosis (DVT) due to the type of surgery that is to be performed. This injured worker will have decreased ability and duration of ambulation following surgery, which will significantly increase the risk factors associated with (DVT), and pulmonary embolism. Deep vein thrombosis and pulmonary embolism can be major complication associated with this surgery. For this reason the sequential compression sleeve and unit is requested. Treatment requested is for sequential compression sleeve and unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sequential compression sleeve and unit: Upheld

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

Shoulder Procedure Summary Online Version; ODG-TWC Knee and Leg Procedure Summary Online Version.

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 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, it is acknowledged that the requesting physician has indicated that the patient has a higher risk of DVT due to immobility following surgery. However, there is no statement indicating how long the immobility will occur, or stating how long the sequential compression devices are being requested for. Guidelines do not support the open-ended application of any treatment modality. The open-ended application of sequential compression is not recommended. Unfortunately, there is no provision to modify the current request. As such, the currently requested compression device is not medically necessary.