

Case Number:	CM15-0092800		
Date Assigned:	05/19/2015	Date of Injury:	10/15/2013
Decision Date:	10/13/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/14/2015

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: Massachusetts

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 63 year old female, who sustained an industrial injury on 10-15-13. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for sprain: shoulder-upper arm unspecified site and rotator cuff tear. Medical records thought to be dated 4-17-15 indicate the injured worker complains of right shoulder pain. Treatment to date has included rotator cuff repair (7-25-14), physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit, medication, magnetic resonance imaging (MRI) indicating prior rotator cuff repair and rotator cuff tear (3-16-15) The original utilization review dated 4-30-15 indicates the request for bone anchors-screws, right shoulder, per 04-22-15 order Qty: 4 is certified and pneumatic compressor, right shoulder, per 04-22-15 order Qty: 1 is non-certified noting Official Disability Guidelines (ODG) state compression garments are not generally recommended in the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic compressor, right shoulder, per 04/22/15 order Qty: 1: 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), Shoulder, Compression garments, and 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 (Acute & Chronic), Compression garments.

Decision rationale: The claimant has a history of a work injury occurring in October 2013 and is being treated for ongoing right shoulder pain. She had a rotator cuff repair in July 2014. An MRI of the right shoulder in March 2015 included findings of a possible full thickness rotator cuff tear. When seen, she was having difficulty sleeping. Revision rotator cuff surgery is being planned. Post-operative care requested included a compression pump. The claimant was seen for medical clearance on 04/17/15. She had a past medical history of asthma. Her prior surgeries were noted. She was cleared for the planned procedure pending test results. A compression garment is not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery, but are rare following upper extremity surgery. In this case, the claimant has no identified high risk factors for developing a lower extremity deep vein thrombosis or history of prior thromboembolic event. The request is not medically necessary.