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 53-year-old female who sustained an industrial injury on 07/31/2011. Treatment provided to date has included: medications and right shoulder arthroscopy with rotator cuff repair (01/07/2015). Diagnostic tests performed include: electrodiagnostic testing, and MRI of the right shoulder (06/09/2014) showing mild acromioclavicular joint arthritis, mild lateral down sloping of the acromion, and small full thickness tear in the supraspinatus insertion. Comorbid diagnoses included history of hypertension. There were no noted previous injuries or dates of injury. On 01/06/2015, physician progress report noted complaints of continued right shoulder pain. Pain is rated as 4 (0-10) without medications. The injured worker was scheduled to undergo a right shoulder arthroscopy and rotator cuff repair the following day. The physical exam revealed tenderness to the trapezius muscles, kyphotic cervical spine, tenderness to the levator scapula and rhomboid areas, decreased flexion in the cervical spine, painful bilateral bending, tenderness at the right subacromial bursal area, tenderness in what appears to be the Boutonniere deformity at the proximal interphalangeal joint, and painful and restricted range of motion in the right shoulder. The provider noted diagnoses of cervical pain and pain in shoulder joint. Due to ongoing pain and restricted range of motion, the injured worker agrees to the plan for surgical intervention. Plan of care includes increase Tylenol with codeine to Tylenol #4 for surgical pain, and continue with plan for right shoulder surgery. The orthopedic surgery plan (dated 11/04/2014) included authorization for right rotator cuff repair, pain management, temporary disability note, 24 sessions of post-op physical therapy, polar care and sling request. Requested treatments include: retrospective request for usage of intermittent limb comp device segmental grad pneumatic half leg (rental or purchase) and bilateral leg wraps with a date of service 01/07/2015.
The Final Determination was based on decisions for the disputed items/services set forth below:

**Retrospective: Intermittent Limb Comp Device Segmental Grad Pneumatic Half Leg (Rental or Purchase) (DOS: 01/07/2015): 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, Online Version, Cold Compression Therapy; Knee & Leg, Online Version, Venous thrombosis and Arthroscopy. 2011 Dec; 27(12):1614-9. Thromboembolic phenomena after arthroscopic shoulder surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip, page 260.

**Decision rationale:** MTUS and ACOEM are silent on DME requested; however, ODG does state regarding pneumatic compression may be effective in patient undergoing hip or knee replacement post warfarin anti-coagulant therapy and has weak evidence lacking clinically significant differences in outcome of passive mobilization versus no intervention under the forearm, wrist, and hand chapter. Guidelines are silent on use of pneumatic compression as treatment for post shoulder arthroscopy. Submitted reports have not adequately demonstrated medical necessity for this DME without comorbidity. The Retrospective: Intermittent Limb Comp Device Segmental Grad Pneumatic Half Leg (Rental or Purchase) (DOS: 01/07/2015) is not medically necessary and appropriate.

**Retrospective: Bilateral Leg Wraps (DOS: 01/07/2015): 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, Online Version, Cold Compression Therapy; Knee & Leg, Online Version, Venous thrombosis and Arthroscopy. 2011 Dec; 27(12):1614-9. Thromboembolic phenomena after arthroscopic shoulder surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip, page 260.

**Decision rationale:** As the Retrospective: Intermittent Limb Comp Device Segmental Grad Pneumatic Half Leg (Rental or Purchase) (DOS: 01/07/2015) is not medically necessary and appropriate; thereby, the Retrospective: Bilateral Leg Wraps (DOS: 01/07/2015) is not medically necessary and appropriate.