

Case Number:	CM14-0136509		
Date Assigned:	09/03/2014	Date of Injury:	01/27/2012
Decision Date:	11/18/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old female with a date of injury of 01/27/2012. The listed diagnoses per [REDACTED] are status post right shoulder arthroscopy, arthroscopic subacromial decompression/partial anterior acromioplasty and debridement of partial thickness rotator cuff tear and labral tear and impingement syndrome, left shoulder. According to progress report 04/05/2014, the patient is status post 11 months right shoulder arthroscopy, arthroscopic subacromial decompression and continues with left shoulder pain and findings consistent with impingement syndrome. Examination of the right shoulder revealed healed surgical scar with slight pain that increases to moderate with more vigorous activities. Examination of the left shoulder revealed restrictive range of motion, subdeltoid tenderness, positive impingement sign, positive Hawkins' sign, and 4+/5 strength in the shoulder abduction, external rotation, and flexion. This is a request for a pneumatic compressor for the right shoulder. The medical file provided for review does not discuss this request. Utilization review denied the request on 07/25/2014. AME reports 01/30/2014 and 03/14/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic Compressor (Right Shoulder): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC 2014 Online Version: Shoulder (Acute & Chronic) Updated 04/25/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Venous thrombosis under its shoulder chapter

Decision rationale: This patient presents with continued right shoulder complaints. The patient has undergone right shoulder arthroscopy with subacromial decompression and partial rotator cuff and labral tear debridement on 10/19/2012. The utilization review indicates that this is a "current retrospective request for purchase of a pneumatic compression device dating back to the date of surgery." ODG guideline has the following regarding venous thrombosis under its shoulder chapter: "Recommend monitoring risk of perioperative thromboembolic complications in both the acute and sub-acute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee and depends on: (1) invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk but arthroplasty would be higher risk); (2) the postoperative immobilization period; & (3) use of central venous catheters. ODG further states, "upper extremity DVT is much less studied compared to lower extremity DVT and the diagnostic and therapeutic modalities still have substantial areas that need to be studied. Although it is generally believed that venous thromboembolism (VTE) after shoulder surgery is very rare, there are increasing reports of deep venous thrombosis (DVT) and pulmonary embolism (PE) associated with shoulder surgery." In this case, the physician does not provide any risk factors for perioperative thromboembolic complications. There is no evidence that this was a complicated surgery and there is no documentation of prolonged post-operative immobilization. Recommendation is for denial.