

Case Number:	CM14-0059540		
Date Assigned:	07/09/2014	Date of Injury:	01/07/2013
Decision Date:	08/13/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/30/2014

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 and Pain Medicine and is licensed to practice in Texas & Ohio. 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 injured worker is a 61-year-old female who reported an injury on 01/07/2013 who worked as a brass polisher, and while polishing parts, she had right shoulder pain. The injured worker's treatment history included surgery, MRI, X-rays, and medications. The injured worker had undergone an arthroscopy of the right shoulder, subacromial decompression, rotator cuff repair, on 04/07/2014. The injured worker was evaluated on 06/13/2014, and it was documented that the injured worker had improvement on her right shoulder since her last visit on 05/13/2014. Physical examination of the right shoulder revealed no redness or drainage, gentle passive range of motion was 50 degrees, external rotation was 40 degrees, internal rotation was 20 degrees. The provider noted that the injured worker will begin physical therapy. The medications included Norco. Authorization or rationale was not submitted for this review. Diagnosis included rotator cuff tear of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP COMPRESSION THERAPY FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation COMPRESSION THERAPY.

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: Per the Official Disability Guidelines (ODG) do not recommend post-op shoulder compressions. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. Although variability exists in the reported incidence of VTE, surgeons should still be aware of the potential for this serious complication after shoulder arthroplasty. Available evidence suggests a low incidence, but the final decision to consider thromboprophylaxis rests with the operating surgeon. The provider documented the injured worker will be attending post-operative physical therapy. Given, the above, the request for post-op compression therapy for the right shoulder is not medically necessary and appropriate.