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| Case Number: | CM13-0015675 | | |
| Date Assigned: | 03/12/2014 | Date of Injury: | 08/15/2011 |
| Decision Date: | 04/02/2014 | UR Denial Date: | 08/01/2013 |
| Priority: | Standard | Application Received: | 08/23/2013 |

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 Orthopedic Surgery, 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:

This 31-year-old female payroll assistant reported a cumulative trauma injury, date of injury 8/5/11. The 5/28/13 pre-op report noted x-ray findings of a marked anterior curvature to the acromion (Type II/III) and normal glenohumeral joint appearance. Exam findings included blood pressure 119/68, pulse 70 and regular, lungs clear, and normal sinus rhythm with no heart murmurs. The patient underwent right shoulder arthroscopy with subacromial decompression and removal of a large anterior hook to the acromion with partial resection of the inferior distal end of the clavicle (Mumford procedure), for impingement syndrome on 5/29/13. The 6/6/13 chart note indicated that the patient was doing well in the post-operative period and performing home exercises. She was to discontinue use of the shoulder immobilizer, continue home exercises, and begin physical therapy. Pre-operative records documented a negative past medical history for illness or medications; prior surgery included a breast augmentation in 2008. A request for deep vein thrombosis (DVT) pump for up to one month rental beginning 5/29/13 and the purchase of two DVT pump garments was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEEP VEIN THROMBOSIS (DVT) PUMP FOR UP TO ONE MONTH RENTAL FROM DATE OF SERVICE 5/29/13: 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), Knee and Leg (updated 6/7/13): 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, Venous Thrombosis.

Decision rationale: The request under consideration is for deep vein thrombosis (DVT) pump for up to one month rental from 5/29/13. California MTUS guidelines are silent with regard to the requested item and DVT prophylaxis. The Official Disability Guidelines recommend monitoring the risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis 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. There is no evidence in the medical records that this patient was at high risk of developing venous thrombosis. There are no identified coagulopathic risk factors. Guideline criteria have not been met. This patient is noted to have undergone arthroscopic shoulder surgery. There is no documentation of why compression stockings would be insufficient to address any peri-operative concerns of DVT development. The request for deep vein thrombosis (DVT) pump for up to one month rental from 5/29/13 is not medically necessary.

DEEP VEIN THROMBOSIS (DVT) GARMENTS PURCHASE WITH DATE OF SERVICE 5/29/13: 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), Knee and Leg (updated 6/7/13): 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, Compression Garments

Decision rationale: As the request for up to one month rental of the deep vein thrombosis (DVT) pump is not medically necessary, the request for the purchase of two deep vein thrombosis (DVT) garments is not medically necessary.