

Case Number:	CM13-0018383		
Date Assigned:	10/11/2013	Date of Injury:	11/01/2011
Decision Date:	06/20/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 59 year old female whose date of injury is 11/01/11 when she was moving a heavy box and fell off a pallet. She has a history of previous right shoulder arthroscopy on 05/08/12. The injured worker was authorized to undergo right shoulder examination under anesthesia and diagnostic arthroscopy, which was performed on 08/27/13, followed by post-op physical therapy. A request for outpatient post-operative 30-day durable medical equipment (DME) rental of vacutherm intermittent pressure compression device and purchase of pads for deep venous thrombosis prophylaxis for the right shoulder was non-certified on 08/29/13. The physician advisor noted that the California MTUS is silent regarding this DME, and ODG recommends identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. It was noted that there was no documentation of any history of deep vein thrombosis, pulmonary embolus or hypercoagulability for the injured worker in this case, and no evidence that the injured worker will be non-ambulatory for a significant period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRTY DAY DURABLE MEDICAL EQUIPMENT OF A VACUTHERM INTERMITTENT PRESSURE COMPRESSION DEVICE AND PURCHASE OF PADS FOR DEEP VEIN THROMBOSIS PROPHYLACTIC FOR THE RIGHT SHOULDER:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Cold compression therapy.

Decision rationale: According to the ODG, cold compression therapy is not recommended in the shoulder, although it may be an option for other body parts such as the knee. 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. The records submitted for review do not demonstrate that the injured worker in this case has a history of DVT or significant risk factors for developing DVT following right shoulder arthroscopy. Based on the clinical information provided, the request for thirty day durable medical equipment of a vacuotherm intermittent pressure compression device and purchase of pads for deep vein thrombosis prophylactic for the right shoulder is not indicated as medically necessary.