

Case Number:	CM13-0030105		
Date Assigned:	11/27/2013	Date of Injury:	08/23/2009
Decision Date:	02/06/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/25/2013

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.

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 claimant is a 41-year-old gentleman who was injured in a work-related accident on August 23, 2009. He sustained an injury to the right shoulder for which surgical process was performed on August 2, 2013, in the form of a coracoclavicular ligament reconstruction on August 2, 2013. The clinical records in this case demonstrate the need for a deep vein thrombosis (DVT) prophylaxis rental unit for 18 days in the postoperative course, given the claimant's surgical process performed on August 2, 2013. Further clinical records in this case are not supportive of pertinent information in regards to the specific request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of deep vein thrombosis (DVT) prophylaxis unit for eighteen (18) days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, 2013, Knee and leg, 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) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Forearm/wrist/hand procedure - Vasopneumatic devices.

Decision rationale: The Official Disability Guidelines indicate that the role of DVT compression devices or prophylactic units would not be indicated. The guidelines also indicate

that vasopneumatic devices are recommended as an option to reduce edema after acute injury. The clinical records for review in this case do not indicate the claimant to be at a significant risk factor for upper or lower extremity DVT, given the nature of the surgical process of August 2, 2013 to be performed. The specific request for the 18 day rental of the above device is not indicated.