

Case Number:	CM13-0030883		
Date Assigned:	03/17/2014	Date of Injury:	12/07/2010
Decision Date:	05/22/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/01/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 7, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; prior arthroscopic shoulder surgery on May 10, 2013; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report of September 10, 2013, the claims administrator denied a request for postoperative DVT prevention device. The applicant's attorney subsequently appealed. In an April 25, 2013 progress note, the applicant was described as pending a left shoulder arthroscopy. 12 sessions of postoperative physical therapy were sought. The applicant underwent a left shoulder diagnostic arthroscopy on May 10, 2013. A pain pump was inserted. The applicant remained off of work, on total temporary disability, on July 10, 2013. On November 20, 2013, the attending provider sought authorization for a left knee arthroscopy and medial meniscectomy procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR DEEP VEIN THROMBOSIS (DVT) PREVENTION DEVICE: 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 DEEP VEIN THROMBOEMBOLISM AFTER ARTHROSCOPY OF THE SHOULDER: TWO CASE REPORTS AND A REVIEW OF THE LITERATURE.

Decision rationale: The MTUS does not address the topic of DVT prevention. As noted in the Deep Venous Thromboembolism Literature Review Article, DVT has incidence of one case per 1000 inhabitants in general population and is very rare after arthroscopy of the shoulder, the procedure which apparently transpired here, on May 10, 2013. In this case, the attending provider did not make a compelling case for provision of DVT prevention device on and around the date of surgery, May 10, 2013. There was no mention of any personal history of DVT, familial history of DVT or blood dyscrasias, history of smoking, or other personal risk factor, which might offset the unfavorable guideline recommendation. The applicant's medical history was never seemingly discussed on any progress note on or surrounding the date of the surgery. The request for (Deep Vein Thrombosis (DVT) is not medically necessary.