

Case Number:	CM13-0032541		
Date Assigned:	12/11/2013	Date of Injury:	05/23/2012
Decision Date:	02/10/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/08/2013

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 Family Practice, has a subspecialty in Preventative 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 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 claimant sustained a work injury on 5/23/12 that resulted in chronic back, knee, neck and shoulder pain. He has a diagnosis of Lumbar disc herniation, with hemilaminectomy, and right knee arthroscopy. Due to a shoulder impingement he had an arthroscopic debridement of the right shoulder with subacromial decompression and rotator cuff repair on 9/19/13. His peri- and post-operative course was unremarkable. He had no major comorbidities. He persisted to have right knee effusion and pain despite therapy and analgesics. A request was made for compression wraps and deep vein thrombosis (DEEP VEIN THROMBOSIS) max.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase deep vein thrombosis max and pneumatic compression wraps: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Official Disability Guidelines (ODG) Knee and Shoulder.

Decision rationale: In this case both shoulder surgery and prior knee arthroscopy are considered low risk for DVT. DVT prophylaxis is necessary in high risk patients. Often this is treated with heparin like products. In this case there is no history of trauma, prior DVT, cancer or prolonged immobility. As a result DVT max and pneumatic compression are not medically necessary.