

Case Number:	CM13-0033199		
Date Assigned:	12/06/2013	Date of Injury:	11/18/2011
Decision Date:	02/07/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/09/2013

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 Internal Medicine, and is licensed to practice in Washington DC and Maryland. 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:

██████████ is a 48 year old male injured from 1/1/2009 to 11/18/2011 in the course of his employment. He injured his lumbar spine, bilateral shoulders, bilateral knees, bilateral hands, bilateral legs, bilateral feet, right arm, right elbow, bilateral wrists and head as per the Orthopedic evaluation in August 2013. He had been treated conservatively with Physical therapy, medications and Chiropractic therapy with no long term relief. He reported taking Norco, Naproxen, Omeprazole, Vicodin and Tizanidine. He had a history of surgery for inguinal hernia repair on right side. He had no other past medical history. His evaluation included an MRI of cervical spine on Feb 9,2012 which revealed multilevel degenerative disc disease and herniation. MRI of right shoulder on Feb 8,2012 revealed full thickness rotator cuff tear with impingement. MRI of right knee Feb 8,2012 revealed medial meniscal tear. MRI of lumbar spine on Feb 9,2012 revealed multilevel degenerative disc disease. MRI of left shoulder Feb 8,2012 revealed partial rotator cuff tear with impingement. EMG/NCV study of bilateral upper extremities on July 10,2012 revealed bilateral carpal tunnel syndrome and Guyon's canal syndrome. On right and left shoulder examinations he was noted to have no obvious shoulder deformities, but limited forward flexion on right side to 90 degrees, limited abduction to 90 degrees and no swelling or ecchymosis. He was also noted to have positive Neer impingement sign, positive Hawkins impingement sign, weakness in right upper extremity and tenderness at subacromial bursa. Diagnoses included right shoulder full thickness RC tear, impingement, left shoulder partial rotator cuff tear. Treatment plan included right shoulder arthroscopy with rotator cuff repair. A request was submitted for DVT prophylaxis for shoulder arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT prophylaxis for right shoulder arthroscopic surgery: 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).

Decision rationale: According to ODG, deep vein thrombosis (DVT) has an incidence of 1 case per 1000 and it is very rare after arthroscopy of the shoulder. The administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. 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. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism 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. (Edgar, 2012). In the case under review, there are no documented risk factors for DVT and the proposed procedure is a shoulder arthroscopy and hence the medical necessity for DVT prophylaxis is not met.