

Case Number:	CM13-0033203		
Date Assigned:	12/06/2013	Date of Injury:	03/24/2010
Decision Date:	08/07/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/09/2013

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 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 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 claimant is a 55-year-old female who injured her shoulder on 03/24/10. The records provided for review include a 07/22/13 progress report indicating that following conservative treatment, the recommendation was made for right shoulder arthroscopy, subacromial decompression and rotator cuff repair. In direct relationship to the claimant's right shoulder surgery, there is a request for a deep vein thrombosis MAX compression devices and wraps in the post operative setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT (DEEP VEIN THROMBOSIS) MAX: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp Knee and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp; 2013 Updates, 18th Edition; Chapter Knee procedure: Venous thrombosis.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. When looking at Official Disability Guidelines, the request for DVT MAX, a compression

device, would not be supported. The claimant is to undergo an arthroscopic procedure to the shoulder but there is no documentation of a clinical history or risk factors for deep vein thrombosis or venal thrombolytic event. There would currently be no indication for the role of compressive devices for this individual undergoing an outpatient right shoulder arthroscopy for which he will be weight bearing in the post operative setting. Therefore, the request is not medically necessary.

PNEUMATIC COMPRESSION WRAPS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp Knee and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. When looking at Official Disability Guidelines, the request for DVT MAX, a compression device, and pneumatic compression wraps would not be supported. The claimant is to undergo an arthroscopic procedure to the shoulder but there is no documentation of a clinical history or risk factors for deep vein thrombosis or venal thrombolytic event. There would currently be no indication for the role of compressive devices including pneumatic compression wraps for this individual undergoing an outpatient right shoulder arthroscopy for which he will be weight bearing in the post-operative setting. Therefore, the request is not medically necessary.