

Case Number:	CM13-0034296		
Date Assigned:	03/28/2014	Date of Injury:	10/15/2007
Decision Date:	05/02/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/14/2013

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 Anesthesiology, and is licensed to practice in Florida. 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 patient is a 67-year-old male who reported an injury on 10/15/2007. The mechanism of injury was not provided for review. The patient ultimately underwent right shoulder surgery in 07/2013. The patient was seen for a preoperative consultation with no significant abnormalities with the patient being at risk for development of postsurgical or intraoperative complications were documented. The patient was seen postoperatively on 08/19/2013 and it was noted that the patient still had complaints of range of motion and weakness deficits; however, appeared to be well postsurgically. Physical findings included right shoulder range of motion described as 140 degrees in flexion, 180 degrees in abduction, 40 degrees in external rotation and internal rotation to the T10. The patient's treatment plan included postsurgical physical therapy. A request was made for 1 DVT pneumatic compression device for purchase prior to the patient's surgical intervention on 07/29/2013 to assist with postsurgical management and prevent deep vein thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO PNEUMATIC COMPRESSION WRAPS (PURCHASE): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**ONE DEEP VEIN THROMBOSIS PNEUMATIC COMPRESSION DEVICE
(PURCHASE): 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 Workers' Compensation, Online Edition Chapter: Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER CHAPTER, VENOUS STASIS

Decision rationale: The Official Disability Guidelines do not typically support the use of mechanical pneumatic compression devices for upper extremity surgical intervention. The clinical documentation does not provide any evidence that the patient is at significant risk for developing deep vein thrombosis as a result of this upper extremity surgical intervention. Official Disability Guidelines state that patients are at significantly less risk for developing deep vein thrombosis related to upper extremity surgery as there is not a significant period of immobilization associated with this type of surgery. The clinical documentation does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested 1 deep vein thrombosis pneumatic compression device for purchase is not medically necessary or appropriate.