

Case Number:	CM13-0036966		
Date Assigned:	12/20/2013	Date of Injury:	01/17/2012
Decision Date:	11/18/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/21/2013

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 Minnesota. 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 injured worker is a 50 year old male with a history of repetitive motion trauma to the neck and both upper extremities. The cervical spine issue pertained to degenerative disc disease at C5-6. The date of injury is 1/17/2012. A left carpal tunnel release and cubital tunnel release with anterior transposition of the ulnar nerve was performed in January 2012. The worker underwent arthroscopy of the right shoulder with debridement of the labrum, SLAP repair, decompression, acromioplasty, and resection of the lateral clavicle on 7/18/2013. This was followed by 12 Physical therapy sessions. The disputed issue pertains to a request for DVT max pneumatic compression wraps denied by UR on 09/19/2013. The records do not include any documentation suggesting upper extremity deep vein thrombosis. No diagnostic tests are submitted. No rationale suggesting increased risk for deep vein thrombosis are provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT MAX 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Deep vein thrombosis.

Decision rationale: CA MTUS does not address deep vein thrombosis in shoulder surgery. ODG guidelines indicate that venous thromboembolism is very rare after shoulder arthroscopy. The incidence of deep vein thrombosis is 1 in 1000. The administration of DVT prophylaxis is therefore generally not recommended. The records do not document other factors which may increase the risk. Based upon guidelines the request for DVT max pneumatic compression wraps is not medically necessary.