

Case Number:	CM13-0039746		
Date Assigned:	12/20/2013	Date of Injury:	05/25/2013
Decision Date:	04/04/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

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 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 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:

This 49-year-old claimant has a date of injury of May 25, 2013 and has been treated for a left shoulder problem. Left shoulder arthroscopy with subacromial decompression, and postoperative physical therapy was certified. Postoperative medication is unspecified. A home functional restoration exercise set up for the shoulder and TED stockings for lower extremity deep venous thrombosis prophylaxis was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

post-operative medications (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: The request for unspecified postoperative medications cannot be certified in this case based upon the CA MTUS ACOEM 2004 Guidelines. ACOEM Guidelines support the use of pain medications postoperatively; however, without specification of the medication name, dosage, and duration of treatment, general use of postoperative medications cannot be certified.

functional restoration exercises set-up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Shoulder Procedure Summary, (updated 6/12/2013), Chronic Pain Programs.

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 (TWC): 18th Edition; 2013 Updates; Home Exercise Kits.

Decision rationale: A home functional restoration set-up would be considered medically necessary and appropriate based upon the Official Disability Guidelines. The CA MTUS and ACOEM Guidelines do not adequately address this issue. If one looks towards the Official Disability Guidelines in the shoulder chapter, home exercise kits are recommended. Therefore, a home functional restoration exercise set-up would be considered medically necessary and appropriate based on the records provided in this case and the Official Disability Guidelines.

TEDs stockings for DVT prophylaxis (peri-operative): 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)-TWC Knee and Leg Procedure Summary, (updated 6/7/2013), Compression Garments.

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: 18th Edition; Knee and Leg Chapter: Deep Venous Thrombosis.

Decision rationale: The CA MTUS and ACOEM Guidelines do not address this topic. TED stockings for deep venous thrombosis prophylaxis would not be considered medically necessary or appropriate based upon the review of the records provided in this case and the Official Disability Guidelines. If one looks towards the Official Disability Guideline knee chapter section on deep venous thrombosis, it is recommended that subjects should be identified who are at high risk of developing deep venous thrombosis, and prophylactic measures should be provided. This claimant is undergoing shoulder surgery. There is no documentation that there is any risk factor for deep venous thrombosis, and typically, patients following shoulder surgery are ambulatory. Therefore, TED stockings for deep venous thrombosis prophylaxis cannot be certified in this case.