

Case Number:	CM13-0042994		
Date Assigned:	12/27/2013	Date of Injury:	10/14/2009
Decision Date:	12/11/2014	UR Denial Date:	10/14/2013
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 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:

This is a 34-year-old male with a 10/14/09 date of injury. The mechanism of injury occurred when he was walking into work on a windy day. The wind caught the door and pulled his right hand outwards. According to a handwritten and illegible progress report dated 8/27/13, the patient complained of neck pain rated 8/10, right elbow pain rated 8/10, low back pain rated 10/10, right shoulder pain rated 8/10, bilateral hips pain rated 9/10, and bilateral knee pain rated 8/10. He stated that he felt worse. The patient is scheduled for right shoulder arthroscopic subacromial decompression surgery on 9/20/13. Objective findings: illegible. Diagnostic impression: pain in shoulder region, other affections of shoulder region, cervical sprain/strain, lumbar sprain/strain, sprain/strain of hips bilaterally. Treatment to date: medication management, activity modification, surgery. A UR decision dated 10/14/13 denied the request for Q-Tech DVT Prevention System. The medical necessity of this request is unsupported by the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Q-Tech DVT Prevention System (Hot/Cold Compression Unit) for 21 Days Post-operatively: 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), Knee and Leg chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Intermittent Compression Devices

Decision rationale: CA MTUS does not address this issue. ODG states that vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling; or for home-use as an option for the treatment of lymphedema after a four-week trial of conservative medical management that includes exercise, elevation and compression garments. However, in the present case, there is no documentation that this patient has established risk factors for DVT. In addition, there is no rationale identifying why medical thromboprophylaxis would be insufficient. Lastly, it is unknown whether the DVT prevention system is requested for intraoperative use only or for prolonged use. Therefore, the request for DME: Q-Tech DVT Prevention System is not medically necessary.