

Case Number:	CM13-0056996		
Date Assigned:	12/30/2013	Date of Injury:	05/21/2011
Decision Date:	03/27/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 Internal Medicine, and is licensed to practice in Virginia and Washington, D.C. 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 is a 46-year-old who used to work at [REDACTED] as a cashier on Nov 14 2005. The patient incurred an injury at work while grabbing a large stack of men's jeans. The patient then felt a sharp pain in her neck, head, left ear and left shoulder. The patient initially had physical therapy and had ongoing symptoms. The patient had a left shoulder arthroscopy and debridement on May 14 2008, by [REDACTED]. The patient had ongoing symptoms and had an electrodiagnostic studies on June 24 2011 by [REDACTED]. These showed that there was bilateral median nerve pathology at the wrist and C5-6 radiculopathy. Following this, the patient was referred to a chiropractor, [REDACTED], who saw the patient on Jan 19 2012. The patient was then referred to a surgeon. The patient had an anterior cervical discectomy of C4-C5 and C5-6 done on July 17 2012. This was performed by [REDACTED]. Following this, the patient had physical therapy. Following the procedure, per the documentation provided, the patient had mechanical thromboprophylaxis by pneumatic compression devices and segmental gradient pressure pneumometric appliances for seven days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mechanical thromboprophylaxis by pneumatic compression device and segmental gradient pressure pneumomatic appliance x7 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The patient was given compression units for DVT (deep vein thrombosis) prophylaxis after a shoulder arthroscopy. The patient had no risk factors for thrombo-embolic phenomenon. Anticoagulation could have been used to achieve this goal of prevention of DVT. The request for mechanical thromboprophylaxis by pneumatic compression device and segmental gradient pressure pneumomatic appliance, for seven days, is not medically necessary or appropriate.