MAXIMUS Federal Services

Case Number:	CM13-0059816		
Date Assigned:	12/30/2013	Date of Injury:	03/29/2011
Decision Date:	05/12/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational Medicine, has a subspecialty in 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:

The patient is an employee of [redacted] and has filed a claim for supraspinatus sprain associated with an industrial injury date of March 29, 2011. Utilization review from November 13, 2013 denied the request for postop DVT prophylaxis rental precision medical for 30 days due to the efficacy of the device requested. Treatment to date has included physical therapy, shoulder surgery, and oral pain medications. Medical records from 2013 were reviewed showing the patient undergoing right shoulder arthroscopic surgery for rotator cuff repair in December 2013. Physical exam demonstrated a clean dry and intact surgical wound. Sensory exam for the right upper extremity was noted to be normal. The patient denies any other symptoms besides the shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE DME: DVT(DEEP VEIN THROMBOSIS) PROPHYLAXIS RENTAL PRECISION MEDICAL FOR 30 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jt Comm J Qual Patient Saf. 2011 Apr;37(4):178-83

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, Venous Thromobosis And Compression Garments

Decision rationale: CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Knee and Leg chapter, Venous thrombosis and compression garments was used instead. The Official Disability Guidelines do not specifically recommend the pneumatic intermittent compression device, the use of standard compression garments serve the same purpose. In this case, the patient underwent arthroscopic right shoulder surgery in December 2013. There were no discussions concerning medical comorbidities that may predispose the patient to DVTs. There were no indications that the patient will be non-ambulatory after the surgery. There is also no discussion why conventional methods for prevention of DVT would not suffice. Therefore, the request for postoperative DME: DVT (deep vein thrombosis) prophylaxis rental precision medical for 30 days is not medically necessary.