

Case Number:	CM13-0064227		
Date Assigned:	01/03/2014	Date of Injury:	12/12/2009
Decision Date:	05/07/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/11/2013

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 43-year-old female cashier sustained a cumulative trauma left shoulder injury on 12/12/09 due to repetitive scanning. The patient underwent left shoulder arthroscopy with rotator cuff repair, synovectomy, chondroplasty, acromioplasty, and bursectomy on 3/11/13. The 3/11/13 request for rental of an intermittent pneumatic compression device with attachments and purchase of compression stockings does not provide any documentation relative to deep vein thrombosis risk for this patient. The 2/21/13 post-op history and physical report stated that the patient was medically cleared for surgery with no significant past medical history. Records indicated that the patient was obese (BMI 34.9).

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST RENTAL FOR INTERMITTENT PNEUMATIC COMPRESSION DEVICE FOR 1 TO 30 DAYS (RELATED TO SURGERY PERFORMED 3/11/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES SHOULDER, DEEP VEIN THROMBOSIS (DVT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER, DEEP VEIN THROMBOSIS (DVT)

Decision rationale: Under consideration is a retrospective request for rental of an intermittent pneumatic compression device for 1 to 30 days (relative to surgery performed 3/11/13). The California MTUS guidelines are silent with regard to the requested item and DVT prophylaxis. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in upper extremity procedures. Guideline criteria have not been met for mechanical DVT prophylaxis beyond standard compression stockings. The patient had limited risk factors for venous thrombosis relative to the 3/11/13 shoulder arthroscopic procedure. There is no indication that the patient was to be significantly immobile post-operatively. Therefore, this retrospective request for rental of an intermittent pneumatic compression device for 1 to 30 days (relative to surgery performed 3/11/13) is not medically necessary.

RETROSPECTIVE REQUEST FOR PURCHASE OF 2 COMPRESSION STOCKINGS (RELATED TO SURGERY PERFORMED 3/11/13): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES SHOULDER DEEP VEIN THROMBOSIS (DVT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER, COMPRESSION GARMENTS

Decision rationale: Under consideration is a retrospective request for purchase of two compression stockings (relative to surgery performed 3/11/13). The California MTUS guidelines are silent with regard to the requested item and DVT prophylaxis. The Official Disability Guidelines generally do not recommend compression garments for shoulder surgery but recommend screening for DVT risk factors. Given the risk factor of obesity, this request for standard compression stockings is reasonable. Therefore, this request for compression stockings is medically necessary.