

Case Number:	CM13-0070049		
Date Assigned:	01/03/2014	Date of Injury:	02/06/2008
Decision Date:	05/28/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 58 year old male who reported an injury on 02/22/2002. The injured worker has had two left shoulder rotator cuff surgeries and participated in post operative physical therapy. A physical evaluation on 11/21/2013 documents improvement in pain and functioning but continued decreased range of motion and tenderness over the operative sites. The exam findings included intact incisions with no signs of infection. The left shoulder active range of motion abduction is 80 degrees. The treatment plan includes pain medication, joint vitamins and anti-inflammatory medicine. The information submitted with this review did not include a request for authorization for medical treatment for the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-TECH DVT (DEEP VENOUS THROMBOSIS) PREVENTION SYSTEM WITH 1/2 ARM AND 1/2 LEG WRAPS , 21 DAY RENTAL FOR (LEFT SHOULDER): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines Page(s): 11,12,27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Venous Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Venous Thrombosis.

Decision rationale: The request for Q-Tech DVT Prevention System with ½ arm and ½ leg wraps, 21 day rental for the left shoulder is not medically necessary. Official Disability Guidelines state that the administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. The injured worker has had two left shoulder arthroscopic decompression and rotator cuff repairs. The most recent physical evaluation findings do not indicate any reason to warrant a DVT prevention system. In fact, the last PT-INR labs reported on 10/28/2013 are within normal limits. Therefore, the request is not medically necessary.