

Case Number:	CM14-0007373		
Date Assigned:	04/30/2014	Date of Injury:	08/14/2012
Decision Date:	07/08/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/21/2014

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:

The injured worker is a 35-year-old male whose date of injury is 08/14/2012. The mechanism of injury is described as repetitive work activities involving lifting. The progress report dated 01/23/14 indicates that the injured worker is status post right shoulder arthroscopy with subacromial decompression on 11/01/13. He has completed eleven (11) postoperative physical therapy visits. He was recommended to continue with physical therapy. A progress note dated 03/06/14 indicates that he feels pain when laying on his right shoulder. Range of motion of the right shoulder is flexion 150, abduction 140, internal rotation 40, external rotation 60, extension 50 and adduction 50 degrees. The medication is listed as Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF THE Q-TECH DEEP VEIN THROMBOSIS (DVT) PREVENTION SYSTEM FOR THIRTY-FIVE (35) DAYS FOR SIX TO EIGHT (6-8) HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, Online Edition, Chapter: Shoulder, 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: Based on the clinical information provided, the request is not recommended as medically necessary. There is no clear rationale provided to support the deep vein thrombosis (DVT) prevention system at this time. There is no current, detailed physical examination submitted for review. The Official Disability Guidelines recommend monitoring the risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as the consideration for anticoagulation therapy. In the shoulder, the risk is lower than in the knee.