

Case Number:	CM14-0102606		
Date Assigned:	07/30/2014	Date of Injury:	09/12/2012
Decision Date:	09/09/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/02/2014

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 claimant is a 49-year-old gentleman injured in a work-related accident on September 12, 2012. The records provided for review document injuries to the right shoulder, the cervical spine and lumbar spine. Specific to the right shoulder, the claimant was diagnosed with rotator cuff syndrome; an MRI scan showed partial thickness distal supraspinatus tendon tearing. After a course of failed conservative care, operative intervention was recommended in the form of a shoulder arthroscopy with subacromial decompression and rotator cuff assessment. The records do not document a history of venothrombotic disease or significant underlying venothrombotic risk factor for the upper extremity. In direct relationship to the requested right shoulder surgery, this request is for a DVT compression device for postoperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Max and Pneumatic Compression Wraps. QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Treatment Index , 9th edition (web), shoulder, Venous thrombosis.Chest, 2013 Feb 14. doi: 10.1378/chest.12-2028.[Epub ahead of print] Intermittent Pneumatic Compression and Not Graduated Compression Stockings Are associated with Lower Incident VenousThromboembolism in Critically Ill Patients: A Multiple Propensity Scores Adjusted Analysis. Arabi YM, Khedr M, Dara SI, Dhar GS, Bhat SA, Tamim HM, Afesh LY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Venous thrombosis.

Decision rationale: California MTUS Guidelines do not provide criteria relevant to this request. Based on Official Disability Guidelines, the use of a deep vein thrombosis device for compression following the claimant's outpatient shoulder arthroscopy would not be indicated. The Official Disability Guidelines provide for prophylactic venothrombotic treatment in subjects who are high risk for developing venous thrombosis. In this case, the reviewed records document no history of venous thrombotic disease. Additionally, the claimant is to undergo an outpatient arthroscopic procedure, which is not associated with a significant risk for DVT. Absent indication of underlying risk factor, the request for postoperative use of a compression device for an outpatient surgery would not be supported. Therefore, DVT Max and Pneumatic Compression Wraps. QTY 1 are not medically necessary and appropriate.

