

Case Number:	CM14-0102902		
Date Assigned:	09/16/2014	Date of Injury:	07/09/2013
Decision Date:	10/17/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/03/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 9, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and reported diagnosis of shoulder impingement syndrome. In a Utilization Review Report dated June 25, 2014, the claims administrator apparently denied a postoperative pillow sling and deep venous thrombosis compression pump, while approving one-month TENS unit rental. The request was presented as postoperative/perioperative request. The applicant's attorney subsequently appealed. In April 24, 2014, progress note, the applicant apparently transferred care to a new primary treating provider (PTP) at request of her attorney. Naprosyn, Prilosec, Tramadol and tizanidine were endorsed, along with a rather proscriptive 5-pound lifting limitation. Per the claims administrator, the attending provider went on to request authorization for shoulder surgery on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep vein thrombosis (DVT) compression pump with sleeves for purchase.: 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) Knee & Leg (updated 06/05/14), Venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Deep venous thromboembolism after arthroscopy of the shoulder, Garofalo et al.

Decision rationale: The MTUS does not address the topic. As noted in the review article on deep venous thrombosis after arthroscopy of the shoulder, DVTs are very rare after shoulder arthroscopy surgery, as was/is apparently being contemplated here. Current guidelines do not advise the administration of DVT prophylaxis in shoulder arthroscopy procedures. In this case, the attending provider did not furnish any compelling applicant-specific personal history of DVTs and/or PEs, personal history of blood dyscrasias, personal history of neoplasm, other hypercoagulable states, etc., which would make the case for an exception from the guidelines. Therefore, the request is not medically necessary.

Shoulder abduction pillow brace for purchase.: 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) Shoulder (updated 04/25/14), Postoperative abduction pillow sling.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Postoperative Abduction Pillow Sling topic.

Decision rationale: The MTUS does not address the topic. While ODGs Shoulder Chapter postoperative abduction pillow sling topic does recommend usage of the abduction pillow sling as an option following open repair of large and/or massive rotator cuff to repair surgeries. In this case, however, it appears, based on the claims administrator's description of events, that the applicant was/is contemplating a less invasive shoulder arthroscopy. Provision of an abduction sling is not indicated following a less invasive arthroscopy procedure, ODG notes. Therefore, the request is not medically necessary.