

Case Number:	CM14-0109346		
Date Assigned:	08/01/2014	Date of Injury:	03/12/2013
Decision Date:	10/24/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

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 Texas. 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 44-year-old female who reported an injury on 03/12/2013. The mechanism of injury was due to a fall. The injured worker's diagnoses included a right shoulder impingement syndrome, distal clavicle arthrosis, and superior labral tear. Her past treatments included anti-inflammatory medications, physical therapy, and 3 subacromial cortisone injections. The injured worker's diagnostic testing included an official MRI of the right shoulder performed on 04/05/2013, which revealed moderate supraspinatus tendinosis, a slap tear, mild acromioclavicular joint arthrosis, and mild to moderate subacromial/subdeltoid bursitis. There were no relevant surgeries noted. On 04/07/2014, the injured worker complained of moderate right shoulder pain that continued to be exacerbated with any attempt of lifting, reaching, and pushing activities. Upon physical examination, the injured worker was noted to have decreased range of motion with forward flexion at 160 degrees, abduction at 160 degrees, and external rotation limited to 80 degrees of the right shoulder. The right shoulder was positive for the O'Brien's test, Neer impingement, Hawkins impingement, and Jobe test. The injured worker's medications were listed as tramadol 50 mg, naproxen 550 mg, Prilosec 20 mg, and keto/cap/menthol cream. The request was for a deep vein thrombosis max and pneumatic compression wraps for purchase. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT (Deep Vein Thrombosis) Max and Pneumatic Compression Wraps 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)

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

Decision rationale: The request for DVT (Deep Vein Thrombosis) Max and Pneumatic Compression Wraps for purchase is not medically necessary. The Official Disability Guidelines may recommend monitoring risk of perioperative thromboembolic complications in both the acute and sub-acute postoperative periods for possible treatment, and identifying subjects who at high risk for developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee and depends on the invasiveness of the shoulder, the postoperative immobilization period, and the use of central venous catheters. The incidence of upper extremity deep vein thrombosis is much less than that of the lower extremity deep vein thrombosis possibly because of fewer, small valves are present in the veins of the upper extremity, the bedridden patients generally have less sensation of arm movements as compared to leg movements, there is less hydrostatic pressure in the arms, and increased fibrinolytic activity that has been seen in the endothelium of the upper arm as compared to the lower arm. It is recommended to treat patients of a symptomatic mild upper extremity deep vein thrombosis with anticoagulation alone. Upper extremity DVT is much less studied compared to lower extremity DVT, and the diagnostic and therapeutic modalities still have substantial areas that need to be studied. The injured worker did not have documentation with evidence that he would be at increased risk for deep vein thrombosis, and he was not noted to be using anticoagulation therapy. In the absence of documentation with evidence of increased risk for deep vein thrombosis, or use of an anticoagulant, the request is not supported. The request is not medically necessary.