

Case Number:	CM14-0117622		
Date Assigned:	08/04/2014	Date of Injury:	12/19/2013
Decision Date:	09/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/23/2014

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:

This 52-year-old female federal prosecutor/district attorney sustained an industrial injury on 12/19/13 relative to a motor vehicle accident. History was positive for everyday smoking. She underwent shoulder arthroscopic intra-articular extensive debridement, subacromial decompression, coracoacromial ligament resection and chondroplasty on 5/27/14. She was certified for 2 days use of a deep vein thrombosis (DVT) mechanical prophylaxis device during her hospital stay. Records suggested that she was discharged with a pneumatic intermittent compression device with bilateral calf wraps. The 7/10/14 utilization review denied the request for this cold therapy and deep vein thrombosis mechanical prophylaxis unit as there was no clear medical necessity for the use of this unit as of the request date 6/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for V-Pulse rental x 30 days from DOS 6/10/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; American Academy of Orthopedic Surgeons clinical guideline on prevention of symptomatic pulmonary embolism in patients undergoing total hip or knee arthroplasty. Rosemont(IL); American Academy of Orthopedic Surgeons (AAOS); 2007.63 p. [49 references].

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

Decision rationale: The V-Pulse unit is a cold therapy and deep vein thrombosis (DVT) mechanical prophylaxis device. The California MTUS guidelines are silent with regard to the requested item and DVT prophylaxis. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in upper extremity procedures. Guideline criteria have not been met. Records indicate that DVT mechanical prophylaxis was approved for in-hospital use up to 2 days. The current request is for services 2 weeks post-operatively. There are no available medical records to support the medical necessity of this request on 6/10/14. DVT risk factors for this patient would include smoking. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the prolonged use of mechanical prophylaxis. Therefore, this retrospective request for V-Pulse rental x 30 days from DOS 6/10/14 is not medically necessary.