

Case Number:	CM14-0118885		
Date Assigned:	08/06/2014	Date of Injury:	06/07/2013
Decision Date:	10/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/29/2014

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 Family 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:

This is a 55-year-old female who reported an industrial injury to the shoulder on 6/7/2013, over 15 months ago, attributed to the performance of her usual and customary job tasks. The patient complains of ongoing right shoulder pain. The MRI of the right shoulder dated 9/26/2013, documented evidence of tendinitis involving the infraspinatus tendon and cystic arthritic changes in the head of the humerus. The objective findings on examination included diminished range of motion of the right shoulder with abduction 90 in flexion 90; pain in the trapezius and supraspinatus; positive impingement test. The patient was diagnosed with right shoulder tendinitis and impingement. The patient was noted to have completed 18 sessions of physical therapy. The patient was approved for a right shoulder arthroscopy with subacromial decompression. The patient was prescribed DME in the form of operative DVTs sequential boots.

IMR ISSUES, DECISIONS AND RATIONALES

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

Per Operative DVT Sequential Boots: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

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-

arthroscopy with subacromial decompression; venous thrombosis general disciplinary guidelines for the practice of medicine

Decision rationale: The operative DVT sequential boots were not demonstrated to be medically necessary over the available bilateral lower extremity wrapping for the operative procedure of right shoulder arthroscopy with SAD. The ODG recommends monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subject who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. The risk of DVD formation for shoulder procedure is less than in the knee and depends on the invasiveness of the surgery; the postoperative immobilization; and the use of central venous catheters. The requesting provider did not demonstrate that the patient was at high risk for DVT. There is no demonstrated evidence that the patient is unable to utilize lower extremity wraps or hose. There is no demonstrated medical necessity for the per operative DVT sequential boots as prescribed.