MAXIMUS Federal Services

Case Number:	CM14-0149651		
Date Assigned:	09/18/2014	Date of Injury:	05/14/2013
Decision Date:	11/17/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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 Osteopathic Family Practice, has a subspecialty in Occupational Medicine/ Pain Med and Manipulation 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 medical records indicate that the patient is a 65-year-old male who sustained an industrial injury on May 14, 2013. On July 18, 2013 the patient underwent repair for left shoulder rotator cuff tear. Medications consist of Ansaid, Aspiring 81 mg, Lovastatin, Benazepril, Glyburide and Metformin. On May 12, 2014 utilization review certified mini open left shoulder rotator cuff repair with graft shaft augmentation and left carpal tunnel release. An operative report dated May 22, 2014 notes that the patient underwent open lysis of adhesions, open left carpal tunnel release, and left shoulder MUA. Utilization review was performed on September 30, 2014 at which time recommendation was made to non-certify the request for Deep vein thrombosis (DVT) intermittent limb compression device rental for day of surgery on 5/22/14. The prior peer reviewer noted that there was no detailed report from the provider justifying the use of the DME. There was no operative report to document any high-risk procedure performed and the letter of medical necessity did not identify any other risk factors. The patient was seen on May 27, 2014 at which time he was five days postop from left carpal tunnel release, left shoulder lysis of adhesions and left shoulder manipulation under anesthesia. Operative findings were discussed with the patient at length particularly that he did not have a rotator cuff tear recurrence, and that he had a significantly limited range of motion under anesthesia. The patient was to start physical therapy as soon as possible for shoulder range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep vein thrombosis (DVT) intermittent limb compression device rental for day of surgery on 5/22/14: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines does not address intermittent limb compression device. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Compression garments, Venous thrombosis Other Medical Treatment Guideline or Medical Evidence: http://www.webmd.com/dvt/deep-vein-thrombosis-causes-are-you-at-risk-for-dvt, http://www.hematology.org/Patients/Clots/

Decision rationale: As noted in ODG, "Compression garments are not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. (Edgar, 2012)". In this case, given the patient's age and comorbidities including diabetes, high blood pressure and high cholesterol, the use of a compression device post op would have been supported.