

Case Number:	CM14-0152225		
Date Assigned:	09/22/2014	Date of Injury:	06/20/2013
Decision Date:	10/21/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/18/2014

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 50-year-old male sustained an industrial injury on 6/20/13. Injury occurred lifting a 45-gallon garbage can. Past medical history was reported positive for uncontrolled hypertension, acute renal failure, anxiety, depression, and gastroesophageal reflux disease. The 11/11/13 right elbow MRI revealed a partial thickness longitudinal tear of the distal biceps tendon. The injured worker underwent debridement and repair of the right distal biceps tendon on 2/25/14. The 5/4/14 left shoulder MRI impression documented the supraspinatus, infraspinatus, and subscapularis tendons were completely avulsed and retracted to the glenoid rim. The humeral head was subluxed superior and in contact with the undersurface of the acromion. There was a large effusion and thickened synovium lining the joint. The intraarticular fibers of the biceps were torn and extra-articular biceps was retracted out of the upper portion of the intertubercular groove. There was very significant rotator cuff muscle atrophy. The acromioclavicular joint was degenerated and overgrown. The injured worker underwent left shoulder complex rotator cuff repair, subacromial decompression, and distal clavicle resection on 6/13/14. A retrospective request was submitted for authorization of mechanical compression device and sleeves for date of service 6/13/14. The 9/15/14 utilization review denied the retrospective request for a mechanical compression device and sleeves based on an absence of risk factors which would require such treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Mechanical Compression Device and Sleeves DOS 06/13/2014:
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 (Acute and Chronic), Knee Chapter, Compression Garments and Venous Thrombosis

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 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. Guideline criteria have not been met. There were limited DVT risk factors identified for this injured worker. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request is not medically necessary.