

Case Number:	CM14-0156082		
Date Assigned:	09/25/2014	Date of Injury:	08/19/2013
Decision Date:	10/27/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/22/2014

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 and Hand Surgery and is licensed to practice in Georgia and 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 39-year-old female who reported an injury on 08/19/2013. The mechanism of injury was not provided. Her diagnoses included status post left shoulder arthroscopy. The injured worker's past treatments included physical therapy, home exercise program, and medications. The injured worker's diagnostic testing included an MRI of the left shoulder performed on 10/19/2013. The MRI scan was noted to show degeneration of the AC joint with rotator cuff tendinosis and bursal surface fraying. There was evidence of impingement. Her surgical history included a left shoulder arthroscopic subacromial decompression and acromioplasty. On 04/11/2014, the injured worker underwent an arthroscopic subacromial decompression and acromioplasty of the left shoulder, with debridement of partial thickness tear of rotator cuff. The patient's current medications were noted to be Etodolac 400 mg and Meloxicam 15 mg. The request was for a DVT intermittent limb compression device used on 04/11/2014. 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:

RETRO: DVT intermittent limb compression device used on 04/11/14: Upheld

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

(Acute & Chronic) Procedure Summary regarding Venous thrombosis monitoring, ODG: Knee Chapter

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

Decision rationale: The request for a retrospective DVT intermittent limb compression device used on 04/11/2014 is not medically necessary. The Official Disability Guidelines do not generally recommend compression garments 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 work up to uncover possible risk factors for deep vein 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. The injured worker did undergo a left shoulder arthroscopy; however, there was no documentation with evidence of risk factors for a deep vein thrombosis/pulmonary embolism. The documentation did not provide evidence that the patient had been using anticoagulation therapy. In the absence of documentation with evidence of risk factors for deep vein thrombosis and use of anticoagulation therapy, the request is not supported. Therefore, the request is not medically necessary.