

Case Number:	CM14-0157323		
Date Assigned:	10/10/2014	Date of Injury:	03/08/2014
Decision Date:	11/04/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/25/2014

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 Internal 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:

The injured worker is a 45-year-old police officer. His date of injury was March 8, 2014. The injury was sustained detaining a suspect during a fight in progress. Initial diagnosis of right shoulder sprain. Treatment included right shoulder surgery (arthroscopy) on May 20, 2014 with arthroscopic rotator cuff repair, subacromial decompression, and labral debridement. An orthopedic progress note from June 20, 2014 indicated the patient was status post rotator cuff repair. Other complaints were bicipital tenosynovitis, impingement syndrome shoulder, and osteoarthritis shoulder. Patient was doing well with the shoulder is to remain in the sling and keep the elbow motion I will order physical therapy. The injured worker was seen on July 3, 2014. He complained of right lateral leg pain with no prior history of pain in the affected leg. The diagnoses remained unchanged except for Meralgia Paresthetica. X-rays were taken with no significant abnormalities noted.

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 for VTE prophylaxis with a date of service of 5/20/2014: 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)

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

Decision rationale: Online Official Disability Guidelines (ODG); Venous Thrombosis. The guidelines recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder (surgery), risk of thromboembolism is lower than in the knee and depends on 1) invasiveness of the surgery (uncomplicated shoulder arthroscopy would be a low risk while arthroplasty would be a high risk); 2) the postoperative immobilization period; and 3) the use of central venous catheter. In this case, the injured worker had an uncomplicated right shoulder arthroscopy on May 20, 2014 with arthroscopic rotator cuff repair, subacromial decompression, and labral debridement. ODG guidelines identify arthroscopy (uncomplicated) as a low risk surgery for venous thrombosis. Additionally, there is no record of extended post-operative immobilization, no use of central venous catheters, or any other extenuating or unusual circumstances. Based on the clinical information in the medical record and the peer reviewed, evidence based guidelines, the mechanical compression device and sleeves for a venous thromboembolic event (VTE) prophylaxis is retroactively denied. Therefore this request is not medically necessary.