

Case Number:	CM14-0158250		
Date Assigned:	10/01/2014	Date of Injury:	02/26/2010
Decision Date:	10/28/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/26/2014

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 Physical Medicine and Rehabilitation 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 patient sustained an injury on 2/26/10 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for DVT Intermittent limb compression device rental. Diagnoses include shoulder pain s/p left shoulder arthroscopic rotator cuff repair on 7/25/14. Conservative care has included medications, therapy, and modified activities/rest. Report of 7/23/14 from the provider noted the patient with full thickness rotator cuff tear of left shoulder with planned surgery on 7/25/14. Post-op care included Percocet for pain, cold therapy device; and intermittent DVT limb compression unit rental. Report of 9/4/14 from the provider noted the patient has had three visits of PT doing passive and active range of motion exercises; knee pain rated at 5/10 with increased shoulder range, taking only occasional Percocet. Exam showed normal left shoulder range with right flex/ER of 135/40 degrees. Diagnosis was six weeks s/p left rotator cuff repair. Treatment was to continue PT with cuff strengthening. The request(s) for Retrospective request for DVT Intermittent limb compression device rental was non-certified on 9/19/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for DVT Intermittent limb compression device rental: 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 Chapter, 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) Venous Thrombosis (knee), page 356-358.

Decision rationale: This patient sustained an injury on 2/26/10 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for DVT Intermittent limb compression device rental. Diagnoses include shoulder pain s/p left shoulder arthroscopic rotator cuff repair on 7/25/14. Conservative care has included medications, therapy, and modified activities/rest. Report of 7/23/14 from the provider noted the patient with full thickness rotator cuff tear of left shoulder with planned surgery on 7/25/14. Post-op care included Percocet for pain, cold therapy device; and intermittent DVT limb compression unit rental. Report of 9/4/14 from the provider noted the patient has had three visits of PT doing passive and active range of motion exercises; knee pain rated at 5/10 with increased shoulder range, taking only occasional Percocet. Exam showed normal left shoulder range with right flex/ER of 135/40 degrees. Diagnosis was six weeks s/p left rotator cuff repair. Treatment was to continue PT with cuff strengthening. The request(s) for Retrospective request for DVT Intermittent limb compression device rental was non-certified on 9/19/14. It is unclear for what duration of rental the request in question. During the weeks following surgery, mobility is an issue, making the vascutherm unit necessary in preventing any risk of DVT developing while being immobile for multiple hours at a time. The device, DVT prophylaxis is for post-operative orthopedic patients. The patient underwent left rotator cuff repair on 7/25/14. Per Guidelines, although DVT prophylaxis is recommended to prevent venothromboembolism (VTE) for patient undergoing knee or hip arthroplasty, it is silent on its use for arthroscopic shoulder surgery. Some identified risk factors identified include lower limb surgeries, use of hormone replacement therapy or oral contraceptives, and obesity, none of which apply in this case. Submitted reports have not demonstrated factors meeting criteria especially rehabilitation to include mobility and exercise are recommended post-shoulder surgical procedures as a functional restoration approach towards active recovery. The Retrospective request for DVT Intermittent limb compression device rental is not medically necessary and appropriate.