

Case Number:	CM14-0159806		
Date Assigned:	10/03/2014	Date of Injury:	03/23/2012
Decision Date:	10/30/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family 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:

This 59-year old woman reported a left shoulder injury dated 3/23/12. There are no details regarding the injury in the available records. Left shoulder arthroscopy with subacromial decompression and rotator cuff repair was performed on 12/12/12. She continued to have shoulder pain and ultimately a second surgery was performed on 5/28/14 due to the possibility that there might be a re-tear of the rotator cuff. No re-tear was found, so the surgery consisted of arthroscopy, debridement of the glenohumeral joint and subacromial space, and lysis of adhesions. A preoperative evaluation was obtained prior to the surgery by a cardiologist, due to the patient's risk for cardiac events. (She has history angioplasty, hypertension, and hyperlipidemia). It was performed on 5/21/14, and the hand-written report documents a normal physical exam and ECG. Diagnoses include controlled hypertension. It states that the patient is "cleared with low risk". The orthopedist saw the patient on 4/4/14, and recommended repeat shoulder surgery. His note does not document any concern for venous thrombosis. A 5/15/14 preoperative evaluation signed by an occupational physician from the primary provider's medical group documents a normal physical exam, normal chest x-ray, normal labs and urinalysis, and states that the patient is cleared for surgery on 5/28/14. No concern for thrombosis is documented. On 9/12/14, a retrospective authorization was requested for a 30 day rental of an intermittent limb compression device dispensed 5/28/14. The records contain a document dated 5/8/14 that appears to have been generated by the company which provides the compression device. The patient has signed it to acknowledge receipt of the compression device, and the orthopedist has signed a letter of medical necessity which states that the patient is at higher risk of venous thromboembolism (VTE) due to the type of surgery combined with other risk factors, none of which are listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent limb compression device 30 day 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, Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Hip and Shoulder Sections, Venous Thrombosis.

Decision rationale: A limb compression device is used for the prevention of deep venous thrombosis. In this case, it is not specified on what limb the device is to be used. Per the ODG guidelines cited above, mechanical compression should be used (unless contraindicated) in the recovery room and during the hospital stay for all patients undergoing arthroplasty of the knee or hip. For high-risk patients, compression devices may be used during surgery, and thromboprophylactic medications are also recommended. Venous foot pump or intermittent pneumatic compression should be used for patients with a high risk of bleeding who undergo total knee or hip replacement, when the risk of bleeding decreases, thromboprophylactic medications should be substituted for the mechanical devices. When outpatient compression is required, compression stockings may be used at home. There is no recommendation for compression devices of the kind dispensed in this case. Regarding shoulder surgery and upper limb venous thrombosis, the ODG guidelines state that deep venous thrombosis has an incidence of 1 case per thousand overall, and is very rare after arthroscopy of the shoulder. DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. The clinical findings in this case do not support the use of an intermittent limb compression device for 30 days at home. There is no documentation of a concern for deep venous thrombosis (DVT) in preoperative clearance notes by an occupational physician and by a cardiologist. The orthopedist did not document any concerns prior to surgery, and did not check or otherwise document specific concerns on the letter of medical necessity that he signed. It is not clear for which limb this device was intended, though the accompanying request for half leg sleeves would make it likely that it was intended for use in both lower limbs. If there was concern about lower limb DVT in this case, optimal treatment would have consisted of compression stockings, prophylactic medications, and early mobilization. The use of a pneumatic compression device in this case might actually increase the patient's risk for DVT, since it cannot be used while the patient is ambulating and would thus require her to spend significant time seated or lying. The evidence-based guidelines cited above would also not support the use of this device for the upper limb, if that is in fact what was intended, since DVT prophylaxis is not generally recommended for shoulder arthroplasty and there are no documented extenuation circumstances. According to the evidence-based guidelines cited above and to the clinical findings in this case, an intermittent limb compression device 30-day rental is not medically necessary. It is not medically necessary because the records contain no documentation of significant risk for deep venous thrombosis, because it is not first-line therapy even if such a risk were documented, and because it might actually increase the risk of DVT if used on the lower limbs, since the patient would be unable to ambulate during its use.

Half leg sleeves for the pneumatic pressure device for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence-Based Guidelines, Compression Device.

Decision rationale: Since the pneumatic compression device for which these sleeves were intended is not medically necessary, the sleeves themselves are obviously not medically necessary.