

Case Number:	CM14-0167847		
Date Assigned:	10/15/2014	Date of Injury:	09/06/2013
Decision Date:	12/10/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/13/2014

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 is a 58 year old male with a 9/6/13 injury date. The patient underwent right shoulder surgery on 8/28/14. There is no available rationale explaining why a limb compression device is necessary after surgery, although the patient does have a history of glucose intolerance and varicose veins. In a 7/29/14 follow-up, the patient continues to have right shoulder pain despite conservative treatment. Objective findings included positive impingement signs and weakness to external rotation and abduction. An MRI was consistent with rotator cuff tendinosis. Diagnostic impression: right shoulder impingement syndrome. The treatment to date includes right shoulder arthroscopic subacromial decompression (8/28/14), cortisone injection, acupuncture, medications. A UR decision on 10/1/14 denied the request for DVT limb compression device on the basis that the guidelines do not support the use of the device after arthroscopic procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Limb Compression Device X 1 Day Rental (DOS 8/28/14): Upheld

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

Decision rationale: The CA MTUS does not address this issue. The ODG states that compression devices are not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism event are common complications following lower extremity surgery, but they are rare following upper extremity surgery, especially shoulder arthroscopy. However, the ODG does not support the use of a compression device after shoulder surgery. Therefore, the request for DVT limb compression device X 1 day rental (DOS 8/28/14) is not medically necessary.