

Case Number:	CM14-0169572		
Date Assigned:	10/17/2014	Date of Injury:	03/12/2014
Decision Date:	12/04/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/14/2014

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 41 year-old patient sustained an injury on 3/12/14 while employed by [REDACTED]. Request(s) under consideration include DVT Intermittent limb compression device (rental) and DVT Calf Cuff left and pump one times rental. Report of 7/7/14 from the provider noted the patient with continued left shoulder pain s/p two injections. Exam showed decreased range of motion with pain. Treatment plan was for arthroscopic surgery. The patient was scheduled for left shoulder arthroscopy on 9/19/14. Pre-operative medical clearance report of 9/10/14 noted the patient with history of diabetes; otherwise negative for myocardial infarction, stroke, or any other cardiovascular complication. Medications list Metformin and Glyburide. Impression was for orthopedic diagnoses per primary treating physician; otherwise normal exam. Recommendation was for oral medication for diabetes; otherwise no other treatment noted. The request(s) for DVT Intermittent limb compression device (rental) and DVT Calf Cuff left and pump one times rental were non-certified on 10/2/14 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:

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

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, pages 356-358

Decision rationale: The DVT compression system delivers pneumatic compression via calf wraps aiding venous return. 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. Per manufacturer, the device provides DVT prophylaxis for post-operative orthopedic patients. The patient was scheduled for left shoulder arthroscopic surgery; however, the provider does not identify specific risk factors for DVT prophylaxis. Per Guidelines, although DVT prophylaxis is recommended to prevent veno-thromboembolism (VTE) for patient undergoing knee or hip arthroplasty, it is silent on its use for shoulder arthroscopic 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. Pre-op medical clearance report has no identifiable risk factors or co-morbidities without any recommendation for DVT compression device. Submitted reports have not adequately demonstrated indication, clinical findings, post-operative complications, or co-morbidities to support the system beyond guidelines criteria. The DVT Intermittent limb compression device (rental) is not medically necessary and appropriate.

DVT Calf Cuff left and pump 1x rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, pages 356-358

Decision rationale: The DVT compression system delivers pneumatic compression via calf wraps aiding venous return. 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. Per manufacturer, the device provides DVT prophylaxis for post-operative orthopedic patients. The patient was scheduled for left shoulder arthroscopic surgery; however, the provider does not identify specific risk factors for DVT prophylaxis. Per Guidelines, although DVT prophylaxis is recommended to prevent veno-thromboembolism (VTE) for patient undergoing knee or hip arthroplasty, it is silent on its use for shoulder arthroscopic 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. Pre-op medical clearance report has no identifiable risk factors or co-morbidities without any recommendation for DVT compression device. Submitted reports have not adequately demonstrated indication, clinical findings, post-

operative complications, or co-morbidities to support the system beyond guidelines criteria. As the DVT Compression device is not medically necessary and appropriate; thereby the accessory DVT Calf Cuff left and pump one times rental is not medically necessary and appropriate.