

Case Number:	CM14-0169661		
Date Assigned:	10/17/2014	Date of Injury:	11/15/2010
Decision Date:	11/21/2014	UR Denial Date:	09/10/2014
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 Occupational Medicine, has a subspecialty in Preventive 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and neck pain reportedly associated with an industrial injury of November 5, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier right-sided carpal tunnel release surgery; earlier cervical fusion surgery in 2003; subsequent shoulder surgery in 2005; and arthroscopic shoulder subacromial decompression, debridement, bursectomy, and Mumford procedure on June 4, 2014. In a Utilization Review Report dated September 10, 2014, the claims administrator retrospectively denied pneumatic intermittent compression device seemingly dispensed and/or employed on the date of surgery, June 2, 2014. The applicant's attorney subsequently appealed. In an August 6, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to multifocal wrist and neck pain complaints. In a July 1, 2014 progress note, it was acknowledged that the applicant had comorbidities including diabetes and hypertension. The applicant's medication list at this point included aspirin, Tenormin, Lipitor, glyburide, insulin, Zestril, Vicodin, Norco, and Ambien. There was no mention that the applicant was having prior DVT issues. On June 2, 2014, the applicant underwent a left shoulder arthroscopy of the glenohumeral joint with debridement of synovitis, debridement of the superior labrum, arthroscopic Mumford procedure, and an arthroscopic subacromial decompression procedure with extensive bursectomy to ameliorate postoperative diagnosis of impingement syndrome of left shoulder, partial-thickness left shoulder rotator cuff tear, acromioclavicular joint arthritis, and synovitis and labral tear of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic Intermittent Compression Device: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.biomedcentral.com/1471-2474/11/65>

Decision rationale: The MTUS does not address the topic of postoperative Deep Vein Thrombosis (DVT) prophylaxis. As noted in the review article entitled deep venous thromboembolism after arthroscopy of the shoulder, DVT is described as "very rare" after arthroscopy of the shoulder. Current guidelines do not advise the routine administration of DVT prophylaxis in shoulder arthroscopy procedures. In this case, the applicant did, in fact, undergo relatively minor shoulder arthroscopy procedure. The applicant did not have a history of prior DVT, neoplasm, blood dyscrasia, or risk factor which would predispose the applicant toward development of postoperative DVT. Indeed, it was noted on a progress note of July 1, 2014, referenced above, that the applicant's past medical history was notable only for diabetes and hypertension. The attending provider did not make a case for usage of the pneumatic intermittent compression device for postoperative DVT prophylaxis purposes. Therefore, the request was not medically necessary.