

Case Number:	CM14-0177460		
Date Assigned:	10/30/2014	Date of Injury:	04/11/2012
Decision Date:	12/19/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/27/2014

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 55-year-old female with a 4/11/12 date of injury. An operative report dated 3/13/14 noted that the patient had undergone a subacromial decompression and distal clavicle resection. According to a progress report dated 9/8/14, the patient rated her left shoulder pain at a level of 8-9/10. Objective findings: difficulty with left shoulder range of motion, healing surgical portals without evidence of infection, and swelling which was consistent with the recent surgery. Diagnostic impression: Post left rotator cuff surgery. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 10/27/14 denied the request for DVT (deep vein thrombosis) intermittent limb compression device rental. There is no documentation that this claimant is at high risk of DVT or that DVT prevention cannot be accomplished with oral medication and/or compression stockings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DVT (deep vein thrombosis) intermittent limb compression device rental for the left shoulder (DOS: 03/13/2014): 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 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) Knee and Leg Chapter - Vasopneumatic Devices

Decision rationale: CA MTUS does not address this issue. ODG states that vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling; or for home-use as an option for the treatment of lymphedema after a four-week trial of conservative medical management that includes exercise, elevation and compression garments. However, in the present case, the documentation submitted for review failed to indicate that this patient had any comorbidities that would place her at a significant risk factor for developing DVTs. In addition, an uncomplicated shoulder surgery would be considered a low-risk procedure for the development of deep vein thrombosis. Furthermore, there is no documentation why medical thromboprophylaxis would be insufficient for this patient. Therefore, the request for Retrospective DVT (deep vein thrombosis) intermittent limb compression device rental for the left shoulder (DOS: 03/13/2014) was not medically necessary.