

Case Number:	CM14-0020260		
Date Assigned:	04/25/2014	Date of Injury:	01/25/2007
Decision Date:	07/07/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/18/2014

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 Pennsylvania. 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 claimant is a 62-year-old female injured in a work-related accident on January 27, 2007. The records available for review indicate an injury to the right shoulder, for which the claimant underwent a course of conservative care and a December 17, 2013, right arthroscopic rotator cuff repair. The records do not indicate a history of prior venothrombotic issue or vascular or cardiac history. This request is for the use of an anti-embolism unit postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTI-EMBOLISM UNIT: 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, 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), Forearm/Wrist/Hand Procedure - Vasopneumatic Devices.

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. According to Official Disability Guidelines (ODG), the request for a vasocompressive device following a routine right shoulder arthroscopy would not be indicated.

The records available for review do not indicate any underlying co-morbidity that would support the need for an anti-embolism unit following an outpatient arthroscopic procedure to the upper extremity. For that reason, this request would not be medically necessary.