

Case Number:	CM14-0036518		
Date Assigned:	06/25/2014	Date of Injury:	11/14/2011
Decision Date:	10/15/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/25/2014

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 Vascular 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:

The patient is a 62 year old male who was injured on 11/14/2011 when he was repetitively picking up uncooked mud bricks weighing about 20 pounds each. The mechanism of injury is unknown. The patient underwent rotator cuff surgery performed in 02/2013. Past medication history included Keflex, Percocet, Piroxicam, and ibuprofen. Diagnostic studies reviewed include MRI of the left shoulder dated 10/18/2013 revealed acromioclavicular osteoarthritis and subchondral cyst formation in humeral head. Progress report dated 01/10/2014 states the patient's right shoulder was denied. He is having constant right shoulder pain with associated burning and tingling. His left shoulder pain with rest is tolerable but has associated tingling of left upper extremity and chronic cervical spine pain. The patient has a diagnosis of cervical sprain/strain; status post right shoulder surgery with residual tear and left shoulder osteoarthritis and subchondral cyst. Prior utilization review dated 03/20/2014 states the request for Deep vein thrombosis/ pneumatic compression wraps is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep vein thrombosis/ pneumatic compression wraps: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, and Hand Chapter and Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Venous thrombosis & Compression garments

Decision rationale: The review of the medical record and physical therapy notes do not indicate prior injury-related deep vein thrombosis of the Right upper extremity or the presence of severe edema. The patient is not at increased risk for the development of deep vein thrombosis and does not have lymphedema documented in the medical record. The prescribing physician should provide rationale for elastic compression of the shoulder area for support rather than for edema of the upper extremity. Thus, the request is not medically necessary.