

Case Number:	CM14-0040279		
Date Assigned:	06/27/2014	Date of Injury:	07/17/2007
Decision Date:	09/15/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/05/2014

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 Nevada. 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 records presented for review indicate that this 57 year-old male was reportedly injured on July 17, 2007. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 17, 2014, indicates that there are ongoing complaints of left shoulder pain. The physical examination demonstrated spasms and tenderness of the cervical spine paraspinal muscles. There was a well-healed scar over the right shoulder. Other physical examination findings included a positive Tinel's test at the right elbow, a positive Phalen's test of the right hand, triggering of the right middle finger, as well as spasms and tenderness along the lumbar spine paraspinal muscles. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left shoulder arthroscopy performed on January 27, 2014. Postoperative physical therapy is scheduled. A request had been made for rental of an Intermittent Compression DVT Device and was not certified in the pre-authorization process on March 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Intermittent 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 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) Shoulder, Venous Thrombosis.

Decision rationale: According to the Official Disability Guidelines it is recommended that patients at high risk for developing deep vein thrombosis be monitored in both the acute and subacute postoperative period for possible treatment. According to the attached medical record it is not stated that the injured employee is at high risk for developing a DVT nor is there any indication that the injured employee cannot walk after shoulder surgery. Considering this, the request for DVT Intermittent Compression Device Rental is not medically necessary.