

Case Number:	CM14-0053101		
Date Assigned:	07/07/2014	Date of Injury:	10/22/2013
Decision Date:	09/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 Texas. 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 37 year old male who sustained an industrial injury to the left shoulder on 10/22/2013. After pulling a weight with the left arm, he experienced a pop and pain in the left shoulder. Treatment has included 12 sessions of PT, 3 cortisone injections, and rest. The peer review dated 4/3/2014 certified the requested left shoulder arthroscopy, postop PT, preoperative medical clearance with labs and diagnostic studies, and assistant surgeon. The requests regarding DVT prophylaxis and antibiotics (perioperative) was partially certified to allow for compressive stockings and cefazolin 1 gm. Per the records, a left shoulder MRI on 11/13/2013 indicated possible mild supraspinatus and subscapularis tendinosis. The patient's left shoulder was evaluated on 2/3/2014. He reported 5/10 pain in the shoulder and shoulder blade. On examination, strength is 5/5, positive Neer and Hawkins' impingement signs, ROM is 155 degrees flexion, 160 degrees abduction with pain, internal rotation to L5 with pain. He has positive empty can test with mild weakness and pain, the rest of the examination is normal. The patient reported he was pending an MR arthrogram. NSAIDs were prescribed. He is likely a candidate for surgical intervention for impingement syndrome. Per the records, 2/24/2014 MR Arthrogram of the shoulder revealed a normal study.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Prophylaxis and Antibiotics (Peri-Operative): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, DVT prophylaxis Sanford Guide to Antimicrobial Therapy, 2013, 43rd Edition.

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

Decision rationale: Due to failure to improve with conservative care, the patient has been authorized to proceed with left shoulder arthroscopy for impingement syndrome. This patient is an otherwise healthy young male. According to the Official Disability Guidelines, compression garments are not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. The patient will be undergoing a complete and thorough pre-operative workup including labs and diagnostic studies. Given the rarity of the possibility of a DVT, unless an abnormality is uncovered, DVT prophylaxis, such as with compression garment is not clinically indicated or supported by the guidelines, and is not medically necessary. Regarding antibiotics perioperative, it is standard and accepted practice that patient's undergoing surgery, begin a course of broad-spectrum antibiotic just before surgery or just after surgery. As such, the request for antibiotics (perioperative) is medically supported.