MAXIMUS Federal Services

Case Number:	CM14-0056157		
Date Assigned:	07/09/2014	Date of Injury:	08/18/2013
Decision Date:	08/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/25/2014

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 Orthopaedic 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 69 year old female who sustained a right cuff tear in an industrial accident on 8/18/2013 under unstated circumstances. On 1/8/2014, she underwent a right shoulder arthroscopy with rotator cuff repair and distal clavicle excision. The operative note is not provided and it is not documented if the rotator cuff repair and distal clavicle excision procedures were done via open or arthroscopic approach. Post-operatively, the patient was issued an intermittent pneumatic compression device and upper extremity compression garment for the right shoulder. A letter of appeal by the patient dated 4/21/2014 stated this device was for cooling, ice-pack therapy, and compression to address postoperative pain and swelling. The utilization review notes, a 4/16/2014 letter of non-certification from the carrier, and a 4/25/2014 application for medical review states this was a durable medical equipment for deep vein thrombosis- intermittent pneumatic compression device and compression garment, date of service 1/8/2014. The original prescription for the device is not provided in the records for review. The 4/16/2014 letter of denial stated the device was issued on 1/8/2014 and denied based on lack of documentation of medical necessity under The Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Purchase of DVT (Deep Vein Thrombosis)- Intermittent Compression device and compression garment DOS: 1/8/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-204; 212.

Decision rationale: The Medical Treatment Utilization Schedule and American College of Occupational and Environmental Medicine shoulder guidelines do not specifically discuss the use of hot and cold packs for the arms, shoulders, or anywhere in that region. The notes state the requested device is to prevent blood clot formations and swelling in the vein, known as deep vein thrombosis prophylaxis, while the injured worker stated in a letter of appeal that this was for cold packs to help with pain and swelling after surgery. If this device was issued for deep vein thrombosis prophylaxis, the medical necessity of the device is not established under the available records, as there is no documentation of increased risk for events when blood clotting happens in the arms, shoulders, or anywhere in that region for this injured worker. The Official Disability Guidelines state that both the American College of Chest Physicians and the American Academy of Orthopaedic Surgeons do not recommend the use of intermittent pneumatic compression devices for use on the upper or lower areas of the body following shoulder surgery unless the patient has a history a blood clotting event such as deep vein thrombosis, blockage in the lung, or a bleeding/clotting disorder. There is no documentation of these events. If the device was requested for cold compression therapy as stated by the injured worker, the American College of Occupational and Environmental Medicine guidelines for the shoulder note that applications of heat and cold in the form of conventional ice packs or heating pads are optional and may be applied by the injured worker to address swelling and pain. The Official Disability Guidelines recommend the use of a passive compression cryotherapy device for postoperative pain and swelling following shoulder procedures for up to 7 days post operatively. Motorized cold packs are not recommended under the Official Disability Guidelines. Consequently, as this was a motorized pneumatic compression device, its use cannot be recommended for certification under the Official Disability Guidelines, and is therefore is not medically necessary.