

Case Number:	CM14-0067219		
Date Assigned:	07/11/2014	Date of Injury:	06/20/2003
Decision Date:	08/18/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/12/2014

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 Occupational Medicine 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:

Injured worker is a female with date of injury 6/20/2003. Per secondary treating physician's progress report dated 10/10/2013, the injured worker was seen for her second postoperative visit. She is status post right shoulder arthroscopic subacromial decompression, glenohumeral joint synovectomy with capsular release, biceps tenotomy performed on 7/10/2013. She reports continued pain in the right shoulder rated at 8/10. She is not attending physical therapy or taking any pain medication. On examination of the right shoulder, there are healed arthroscopy portals. Active range of motion of the right shoulder revealed forward elevation passively to 165 degrees with the normal range being 180 degrees. Abduction on the right is 120 degrees with normal range being 180 degrees and internal rotation on the right is to L5. There is full supination and pronation. Diagnoses include 1) status post right shoulder arthroscopic subacromial decompression, glenohumeral joint synovectomy with capsular release, biceps tenotomy performed on 7/10/2013 2) right shoulder limited motion with capsulitis 3) right shoulder probably impingement and 4) right shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Intermittent Limb Compression Device (VascuComp 3DVT) 30 day rental: Overturned

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 (updated 3/31/14), Deep 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 chapter, Compression Garment.

Decision rationale: The MTUS Guidelines do not address the use of intermittent limb compression for deep venous thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) states that compression devices are not generally recommended for the shoulder. Although risk of DVT and subsequent PE is not as common with shoulder surgery as it is with knee surgery, the surgeon should still be aware of the risk of the potential for this serious complication. The available evidence reports that although upper extremity DVT is of low incidence, the final decision to consider thromboprophylaxis rests the operating surgeon. The retrospective request: intermittent limb compression device (VascuComp 3DVT) 30-day rental is determined to be medically necessary.