

Case Number:	CM14-0071443		
Date Assigned:	07/16/2014	Date of Injury:	02/14/2008
Decision Date:	12/23/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/16/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 30-year-old male with a 2/14/08 date of injury, and right shoulder arthroscopy debridement, subacromial decompression, and repair of the labrum on 2/21/14. At the time (5/9/14) of the Decision for additional 30 days of a deep venous thrombosis (DVT) prophylaxis unit for intermittent limb therapy to the right shoulder, there is documentation of subjective (recurrent right shoulder dislocation and left wrist ligamentous and ulnar nerve injury) and objective (the right shoulder can be easily dislocated and relocated with the inward and outward rotation of the upper extremity) findings, current diagnoses (recurrent right shoulder dislocation), and treatment to date (medications). There is no documentation that the patient is at a high risk of developing venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 30 days of a DVT prophylaxis unit for intermittent limb therapy to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (Ogd) 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, Other Medical Treatment Guideline or Medical Evidence:
(<http://www.sosmedical.net/products/featured-products/vascutherm/>).

Decision rationale: An online source identifies Vascutherm as a device that provides heat/cold compression and DVT prophylaxis therapy. MTUS does not address this issue. ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of DVT prevention system. Within the medical information available for review, there is documentation of a diagnosis of recurrent right shoulder dislocation. However, there is no documentation that the patient is at a high risk of developing venous thrombosis. In addition, there is no documentation of a rational identifying the medical necessity of the requested additional 30 days of a DVT prophylaxis unit. Therefore, based on guidelines and a review of the evidence, the request for additional 30 days of a DVT prophylaxis unit for intermittent limb therapy to the right shoulder is not medically necessary.