

Case Number:	CM14-0073315		
Date Assigned:	07/18/2014	Date of Injury:	08/28/2012
Decision Date:	12/22/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/20/2014

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 & Rehabilitation, 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 63-year-old male with an 8/28/12 date of injury. At the time (2/3/14.) of the request for authorization for DVT intermittent limb compression device for right shoulder, there is documentation of subjective (chronic right shoulder pain) and objective (not identified) findings, current diagnoses (adhesive caps; rotator cuff, right shoulder; biceps tendinitis, right shoulder; arthritis, right shoulder; and impingement, right shoulder), and treatment to date (medication and physical therapy). 2/3/14 medical report (operative report) identifies right shoulder rotator cuff repair, biceps release, subacromial decompression, debridement, lysis of adhesions, and manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Intermittent Limb Compression Device for Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (compression garments)

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: MTUS does not address the issue. ODG states 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. Within the medical information available for review there is documentation of diagnoses of adhesive caps; rotator cuff, right shoulder; biceps tendinitis, right shoulder; arthritis, right shoulder; and impingement, right shoulder. In addition, there is documentation of 2/3/14 right shoulder rotator cuff repair, biceps release, subacromial decompression, debridement, lysis of adhesions, and manipulation under anesthesia. However, there is no documentation of 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 . Therefore, based on guidelines and a review of the evidence, the request for DVT intermittent limb compression device for right shoulder is not medically necessary.