

Case Number:	CM14-0076445		
Date Assigned:	07/18/2014	Date of Injury:	08/05/2013
Decision Date:	10/10/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/27/2014

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 Illinois. 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 injured worker is a 58 year-old male who reported an injury on 08/05/2013 when while attempting to reach for an item at work he felt a pop and immediate pain followed. The diagnoses included impingement syndrome of left shoulder, left shoulder partial rotator cuff tear, and frozen shoulder. Past treatments included conservative care, physical therapy, cortisone injections, and medications. The injured worker underwent a left shoulder arthroscopic rotator cuff repair, arthroscopic biceps tenodesis, arthroscopic Mumford procedure, and an arthroscopic subacromial decompression on 02/03/2014. It was noted on 03/05/2014 that the injured worker reported left shoulder pain. The physical examination findings included range of motion of the left shoulder was forward flexion at 160 degrees, and external rotation at 55 degrees. Medications included naproxen and norco. The treatment plan was for continued physical therapy, a home exercise program, pain medications, and the rental of a deep vein thrombosis compression device for one day. The rationale for the request and the authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DVT compression device rental x one day (No date of service given): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment,/Disability Duration Guidelines, Knee and Leg Chapter, Compression Garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Compression Garments

Decision rationale: The request for the rental of a retrospective deep vein thrombosis compression device is not medically necessary. The Official Disability Guidelines state, that compression devices 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. The injured worker has a history of left shoulder pain. The injured worker has been treated with conservative care, physical therapy, cortisone injections, and medications. The injured worker underwent a left shoulder arthroscopic rotator cuff repair. The ODG guideline specifically does not recommend a compression device post-operatively, for upper extremities especially where arthroscopic surgery has been performed. The request as submitted indicated rental of the device for one day post-operatively for the prevention of deep vein thrombosis yet, there was no start date indicated on the request. The request is clearly not recommended per the guideline above, and the submitted request was incomplete. As such, the request is not medically necessary.