

Case Number:	CM14-0094295		
Date Assigned:	07/25/2014	Date of Injury:	07/29/2013
Decision Date:	10/01/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/20/2014

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 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 30 year old male who reported an injury on 07/29/2013 due to a fall. His diagnoses included status post right shoulder debridement of the supraspinatus and labrum, right shoulder subacromial decompression and right arthroscopy. His past treatments included right shoulder surgery and an injection. His past diagnostic tests included an MRI and x-rays of the right shoulder on 01/18/2014 that revealed lateral down-sloping of the acromion. The injured worker had right shoulder debridement of the supraspinatus and labrum, right shoulder subacromial decompression and right arthroscopy on 04/10/2014. On 04/16/2014, the injured worker complained of ongoing discomfort in his right arm. The physical exam noted well healed surgical incision with no signs of infection. The treatment plan included home passive stretching exercises so he could begin physical therapy and to return in 4-6 weeks for re-evaluation. There was no rationale for the request provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Pneumatic Compression Device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Updated 6/5/14); Compression Garments; 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, Compression garments; venous thrombosis.

Decision rationale: The request for a deep vein thrombosis pneumatic compression device is not medically necessary. The injured worker is status post right shoulder debridement of the supraspinatus and labrum, right shoulder subacromial decompression and right arthroscopy on 04/10/2014. The Official Disability Guidelines do not recommend compression garments for 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. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. The injured worker complained of ongoing discomfort postoperatively; however there was no documentation showing evidence of complications or significant risk factors that would warrant a DVT compression device. In addition, the request is not supported based on the location of the surgery in the upper extremity as this site is noted to have a low incident of deep vein thrombosis. As such, the request for a DVT pneumatic compression device is not medically necessary.