

Case Number:	CM14-0174853		
Date Assigned:	11/14/2014	Date of Injury:	09/25/2013
Decision Date:	01/09/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/21/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 52 year old male with a history of right shoulder injury on 9/25/2013. He was found to have impingement and a Type I SLAP lesion for which surgery was necessary. He underwent arthroscopy of the right shoulder with subacromial decompression, bursectomy, and debridement of the SLAP tear on 4/3/2014. The rotator cuff was intact. The post-operative notes indicate a slow rehab process which necessitated a corticosteroid injection. The disputed issue pertains to a 30 day rental of an intermittent limb compression device for deep vein thrombosis prophylaxis. Utilization Review non-certified the 30 day rental of an intermittent limb compression device citing the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Retrospective request for intermittent limb compression device, right shoulder, rental 30 days (date of service 4/3/2014): Upheld

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 Chapter, Venous Thrombosis and ACOEM, Prevention of Venous Thromboembolic Disease-Anticoagulant Medication

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topics: Venous Thrombosis, Cold Compression Therapy

Decision rationale: The California MTUS guidelines do not address this issue. Official Disability Guidelines recommend continuous flow cryotherapy for up to 7 days after shoulder surgery but do not recommend limb compression devices for shoulder surgery. Cold compression is not recommended. The incidence of deep vein thrombosis is 1 in 1000 cases for shoulder arthroscopy and prophylaxis is not recommended. Based on the guidelines, the rental of the intermittent limb compression device for 30 days is not medically necessary per the Official Disability Guidelines.