

Case Number:	CM14-0187005		
Date Assigned:	11/17/2014	Date of Injury:	07/17/2012
Decision Date:	01/05/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/17/12 when she fell with injury to the left shoulder. Treatments included injections and physical therapy. She was seen on 12/12/13. She was having severe left shoulder pain. Physical examination findings included left shoulder tenderness. She had decreased strength and positive impingement testing. Imaging results were reviewed and had shown a partial thickness subscapularis tear and bursitis. Arthroscopic surgery was recommended and was performed. The claimant was evaluated for physical therapy on 02/20/14. On 04/11/14 she had completed three sessions of physical therapy. She had decreasing shoulder range of motion with pain consistent with adhesive capsulitis. Medications were refilled. She was continued at temporary total disability. On 05/23/14 she had ongoing symptoms. There was decreased shoulder range of motion with weakness. A subacromial injection was performed. She was to continue physical therapy. Physical therapy treatments continue through 08/14/14. She was able to increase her range of motion without increased discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: DVT calf cuff and pump purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl):e351 S-418 S and Suppl: 195 S-e226 S.

Decision rationale: The claimant is more than 2 years status post work-related injury with treatment including right shoulder arthroscopic surgery. The claimant's post-operative course was complicated by adhesive capsulitis and included participating in physical therapy treatments as an outpatient. Deep venous thrombosis prophylactic therapy for prevention of DVT is routinely utilized in the inpatient setting with major abdominal, pelvic, extremity or neurologic surgery, or following major trauma. In this case, the claimant has no identified high risk factors for developing a lower extremity deep vein thrombosis or history of prior thromboembolic event. She has not undergone a major surgical procedure. Therefore, this request is not medically necessary.