

Case Number:	CM14-0188457		
Date Assigned:	11/19/2014	Date of Injury:	09/19/2013
Decision Date:	01/08/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/12/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of September 19, 2013. In a Utilization Review Report dated October 23, 2014, the claims administrator retrospectively denied an intermittent limb compression device/DVT compression device apparently dispensed on December 10, 2013. Non-MTUS Aetna Guidelines were employed. The claims administrator stated its UR report that the applicant had undergone a right shoulder arthroscopy with labral debridement, rotator cuff repair surgery, and arthroscopic acromioplasty on December 10, 2013. In a progress note dated August 28, 2014, the applicant apparently received an ultrasound-guided shoulder corticosteroid injection. The applicant had not returned to work on the grounds that he had residual weakness about the shoulder which was preventing him from performing all the usual and customary functions of his job. The applicant's medical history was not discussed or detailed. In an operative report dated December 10, 2013, the applicant underwent a right shoulder arthroscopy, extensive debridement of the superior labrum, rotator cuff repair of the supraspinatus, and arthroscopic acromioplasty procedure to ameliorate preoperative diagnosis of right shoulder rotator cuff tear and chronic biceps tendon tear. In a consultation dated October 11, 2013, the applicant denied any issues with blood clotting, bleeding tendencies, or blood dyscrasias. The applicant did not have any hematologic disease or disorders, it was suggested. The applicant was placed off of work, on total temporary disability, while authorization for shoulder surgery was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent Limb Compression Device For DOS 12/10/2013 x 30 day rental QTY: 30:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA - Clinical Policy Bulletin, Compression Garments for the Legs

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: <http://www.biomedcentral.com/1471-2474/11/65> Deep vein thromboembolism after arthroscopy of the shoulder: two case reports and a review of the literature Raffaele Garofalo¹, Angela Notarnicola^{2*}, Lorenzo Moretti², Biagio Moretti^{2,3}, Stefania Marini⁴ and Alessandro Castagna⁵ Abstract Background Deep vein thrombosis (DVT) has an incidence of 1 case per 1000 inhabitants in the general population and it is

Decision rationale: Based on the description of the services rendered, the request in question appears to have Based on the description of the services rendered, the request in question appears to have represented a DVT compression device. The MTUS does not address the topic of DVT prophylaxis following arthroscopic shoulder surgery, as transpired here. As noted in the review article entitled Deep venous thromboembolism after arthroscopy of the shoulder: Two case reports and a review of the literature, DVT is "very rare" after arthroscopy of the shoulder. Current guidelines do not advise the administration of DVT prophylaxis in shoulder arthroscopy procedures. Here, the applicant did, in fact, undergo a shoulder arthroscopy procedure just prior to the date the DVT compression device/limb compression device was furnished. The applicant did not have any history of blood dyscrasias, prior DVTs, or other hematologic disease processes which would have predisposed the applicant toward development of a postoperative DVT, as the attending provider noted on a consultation dated October 11, 2013 that the applicant did not have any significant medical history or significant hematologic history. A compelling case for a variance from the guideline has not been set forth. Therefore, the request is not medically necessary.