

Case Number:	CM14-0190947		
Date Assigned:	11/24/2014	Date of Injury:	01/16/2012
Decision Date:	01/16/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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 59 year old male with a history of prior left shoulder surgeries with no complications related to venous thrombo-embolism. The date of injury is 1/16/2012. The current disputed request pertains to the medical necessity of intermittent limb compression device with garments for deep vein thrombosis prophylaxis after shoulder arthroscopy. The date of service is 4/4/2014. Utilization Review non-certified the device and garments citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Intermittent Limb Comp with Garments DOS 4/4/14: 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) Treatment of Shoulder Conditions-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, Cold compression, Venous thrombosis

Decision rationale: California MTUS guidelines do not address this issue. ODG guidelines do not recommend cold compression devices for deep vein thrombosis prophylaxis after shoulder arthroscopy. The incidence of deep vein thrombosis after such a procedure is 1 in 1000.

Therefore prophylaxis is not warranted. The incidence is higher after a total shoulder replacement. Based upon guidelines the medical necessity of intermittent limb compression device with garments for deep vein thrombosis prophylaxis is not established. As such, the rental of the device and the garments is not medically necessary.