

Case Number:	CM14-0192221		
Date Assigned:	12/17/2014	Date of Injury:	01/06/2013
Decision Date:	01/16/2015	UR Denial Date:	10/17/2014
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 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:

According to the records made available for review, this is a 38-year-old female with a 1/6/13 date of injury. At the time (10/7/14) of the request for authorization for Deep venous thrombosis (DVT) max for purchase and Pneumatic compression wraps, there is documentation of subjective (left shoulder pain) and objective (tenderness over the AC joint, bicep tendon groove, and superior deltoid; positive Hawkin's and Neer's tests; and decreased and painful range of motion) findings, current diagnoses (persistent symptomatic left shoulder impingement syndrome and distal clavicle arthrosis, unresponsive to conservative management), and treatment to date (rest, medications, physical therapy, and subacromial cortisone injection). Medical reports identify the patient is awaiting left shoulder surgery. There is no documentation of 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep venous thrombosis (DVT) max for purchase: 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, 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

Decision rationale: MTUS does not address the issue. ODG states compression garments are not generally recommended in 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. Within the medical information available for review there is documentation of diagnoses of persistent symptomatic left shoulder impingement syndrome and distal clavicle arthrosis, unresponsive to conservative management. In addition, there is documentation that the patient is awaiting left shoulder surgery. However, there is no documentation of 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. Therefore, based on guidelines and a review of the evidence, the request for Deep venous thrombosis (DVT) max for purchase is not medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Pneumatic compression wraps: 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, Compression garments

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

Decision rationale: MTUS does not address the issue. ODG states compression garments are not generally recommended in 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. Within the medical information available for review there is documentation of diagnoses of persistent symptomatic left shoulder impingement syndrome and distal clavicle arthrosis, unresponsive to conservative management. In addition, there is documentation that the patient is awaiting left shoulder surgery. However, there is no documentation of 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. Therefore, based on guidelines and a review of the evidence, the request for Pneumatic compression wraps is not medically necessary.