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| Case Number: | CM14-0192566 | | |
| Date Assigned: | 11/26/2014 | Date of Injury: | 06/24/2007 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

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:

57 year old male claimant with an industrial injury dated 06/24/07. The patient is status post a right shoulder arthroscopic surgery as of 10/02/13. Exam note 10/22/14 states the patient returns with right shoulder and low back pain. The patient explains that the medications result in 50% of pain relief, and allows him to carry out daily functions. Upon physical exam the patient demonstrated a normal gait along with normal motor strength. There was evidence of tenderness surrounding the lumbar spine, and right shoulder. Range of motion of the lumbar spine was mildly decreased and the range of motion of the right shoulder resulted in moderate pain with motion. Diagnosis is noted as chronic Clavicle, and chronic rotator cuff tendinitis. Treatment includes a continuation of medication, and a compression device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective purchase of mechanical compression device with sleeves for venous thromboembolic (VTE) prophylaxis Dos 10/02/2013: 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), Knee and Leg, 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) Knee and Leg, Venous Thrombosis

Decision rationale: California Medical Treatment Utilization Schedule (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM) are silent on the issue of venous duplex. According to the Official Disability Guidelines (ODG), knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy". In this case the exam notes from 10/22/14 do not justify a prior history or current risk of deep vein thrombosis to justify venous thromboembolic prophylaxis. Therefore the determination is not medically necessary and appropriate.