

Case Number:	CM14-0202878		
Date Assigned:	12/15/2014	Date of Injury:	06/21/2011
Decision Date:	02/05/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab, has a subspecialty in Pain 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 injured worker is a 64-year-old male, with a reported date of injury of 06/21/2011. The result of the injury was left shoulder pain. The current diagnoses include status post right shoulder subacromial decompression with distal clavicle resection; status post right rotator cuff repair and biceps tenodesis; status post right carpal tunnel release; left moderate to severe carpal tunnel syndrome; left progressive glenohumeral impingement syndrome, with intrasubstance of the infraspinatus tendon and tendinopathy of the supraspinatus tendon; left biceps tendon subluxation and labral tearing; and status post C5-C6 fusion. Treatment have included Norco 10/325mg; Soma 350mg; an MRI of the left shoulder on 04/04/2014; physical therapy for the left shoulder; and x-rays of the left shoulder on 09/29/2014, which showed a distal clavicle resection. On 09/18/2014, the injured worker underwent a left carpal tunnel injection, and a left shoulder arthroscopy with extensive debridement, subacromial decompression, distal clavicle resection, rotator cuff repair, and open biceps tenodesis. A form letter dated 9/18/2014, signed by the physician states that the patient has a higher risk of developing DVT "it due to the type of surgery performed combined with other risk factors." The medical report dated 09/29/2014 indicated that the injured worker was doing relatively well, but had stopped taking his pain medication and was having difficulty sleeping because of his symptoms. The injured worker requested to change to a different medication. The physical examination showed that the incisions were healing well, with no signs of infection; and that there was a mild amount of residual swelling. The treating physician did not indicate the need for a deep vein thrombosis, intermittent compression device. The medical records include the physical therapy report for 10/28/2014 and 10/30/2014. On 12/02/2014, Utilization Review (UR) denied the request for a retrospective deep vein thrombosis, intermittent compression device, with two (2) wraps (date of service: 09/18/2014). The UR physician noted that there was no documentation indicating why

the compression device and wraps would be needed, and no documentation of an increased risk level for deep vein thrombosis. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for DVT- Intermittent compression device/2 wraps with a dos of 9/18/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Venous Thrombosis and Compression Garments

Decision rationale: Regarding the request for DVT intermittent compression device, ACOEM and CA MTUS do not address the issue. ODG recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. ODG goes on to state that DVT risk is very low in uncomplicated shoulder surgeries. Within the medical information made available for review, there is documentation that the patient underwent arthroscopic shoulder surgery. However, there is no documentation that patient is at a high risk of developing venous thrombosis. It is acknowledged, that the requesting physician has stated that the patient is at high risk for DVT due to the "type of surgery performed combined with other risk factors." However, guidelines state that uncomplicated shoulder arthroscopy would be considered low risk, and the requesting physician has not identified the other factors which he feels puts the patient in a high risk category. In the absence of such documentation, the currently requested DVT intermittent compression device is not recommended.