

Case Number:	CM14-0202942		
Date Assigned:	12/15/2014	Date of Injury:	10/10/2012
Decision Date:	02/17/2015	UR Denial Date:	11/18/2014
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 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:

This is a 37-year-old female with a work-related injury dated October 10, 2010. The documentation of the physician's visit dated October 13, 2014 reflected that the worker was having right shoulder surgery the following week. Physical exam was remarkable for marked crepitus in the subacromial space particularly at the 60-degree point of abduction, forward elevation to 130 degrees, internal rotation to 30 degrees and internal rotation to S1. Diagnoses at this visit included right shoulder impingement and right shoulder rotator cuff tendon tearing. At the visit, the work was temporarily totally disabled. Treatment plan was a prescription for Percocet 10mg/325mg tablets one to two every four to six hours for pain and surgery the following week with follow up appointment two weeks following surgery. The utilization review decision dated November 17, 2014 non-certified the request for a thirty-day rental of a deep vein thrombosis compression unit. The rationale for the non-coverage stated that the CA MTUS was silent on this issue, the ODG was used which reflected that this device was not medically necessary. The worker underwent a rotator cuff revision surgery on October 21, 2014 performed arthroscopically. There was no indication of an underlying medical history or documentation of comorbidity what would support the role of a deep vein thrombosis compression device. The documentation reviewed did not reflect that the worker was at high risk for deep vein thrombosis to the upper extremity. The medical records reviewed did not support the medical necessity for this device.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT compression unit, 30 day rental: 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 procedure, 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: CA MTUS/ACOEM is silent on compression garments for DVT prophylaxis. According to ODG , Shoulder section, Compression garments, "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. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors." In this case there is no evidence of risk factor for DVT in the clinical records from 10/13/14. Therefore the determination is for non-certification for the DVT compression unit.