

Case Number:	CM14-0081624		
Date Assigned:	07/21/2014	Date of Injury:	03/07/2012
Decision Date:	01/23/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 7, 2012. In a Utilization Review Report dated May 5, 2014, the claims administrator denied a half arm wrap. The claims administrator suggested that the device in question represented a form of DVT prophylaxis following shoulder surgery some two months prior. The claims administrator invoked RFA forms of April 23, 2014, July 11, 2014, and February 27, 2014, in its denial. The applicant's attorney subsequently appealed. On July 24, 2014, the applicant was placed off of work, on total temporary disability, while Relafen, Prilosec, and Norco were endorsed. The applicant was given diagnosis of fibromyalgia, neck pain, wrist pain, carpal tunnel syndrome, wrist tendonitis, and shoulder adhesive capsulitis. The applicant was status post earlier right shoulder surgery on February 28, 2014, it was acknowledged, with pending a left shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Half Arm Wrap Purchase, Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Deep Venous Thromboembolism after Arthroscopy of The Shoulder: Two case reports and a review of the literature, Garofalo et al

Decision rationale: The MTUS does not address the topic. As noted in the review article entitled Deep Venous Thromboembolism after Arthroscopy of The Shoulder: Two case reports and a review of the literature, DVT is "very rare" after arthroscopy of the shoulder. Current guidelines do not advise the administration of DVT prophylaxis in shoulder arthroscopy procedures. In this case, the attending provider did not establish the presence of any compelling applicant specific risk factors, such as prior personal history DVT, personal history of blood dyscrasias, familial history of blood clotting disorders, etc, which would predispose the applicant toward development of a postoperative DVT. DVT prophylaxis, and, by implication, the half arm wrap purchase device intended to employ compressive therapy postoperatively, was not indicated. Therefore, the request was not medically necessary.