

Case Number:	CM15-0002505		
Date Assigned:	01/21/2015	Date of Injury:	07/30/2013
Decision Date:	03/25/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 48-year-old male worker sustained injuries to his left shoulder on 7/30/13. According to the UR, he was treated with physical therapy, Vicodin and left shoulder arthroscopy. The operative report dated 10/14/14 states he underwent a repeat left shoulder arthroscopy for a diagnosis of left shoulder pain status post rotator cuff repair. Chiropractic therapy for the continued pain was not helpful. The treating provider requests retrospective purchase of a deep vein thrombosis intermittent pneumatic compression device with two sleeves for date of service 10/14/14. The Utilization Review on 12/15/14 non-certified retrospective purchase of a deep vein thrombosis intermittent pneumatic compression device with two sleeves for date of service 10/14/14, citing ODG Shoulder guidelines; medical necessity for the services was not established because this was not a patient at high risk of DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for purchase of a deep vein thrombosis intermittent compression device purchase with two sleeves on date of service 10/14/2014.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Section; Shoulder, Topic: Venous thrombosis, Compression garments, cold compression

Decision rationale: ODG guidelines indicate deep vein thrombosis has an incidence of 1 case per 1000 after shoulder arthroscopy. Compression garments are not generally recommended in the shoulder. Cold compression is also not recommended in the shoulder per ODG guidelines. In light of the extremely low incidence of DVT, the administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. The documentation provided does not indicate a high risk for DVT. As such, the request for compression garments and intermittent pneumatic compression device is not supported, and the medical necessity is not substantiated.