

Case Number:	CM15-0106942		
Date Assigned:	06/11/2015	Date of Injury:	06/07/2013
Decision Date:	07/13/2015	UR Denial Date:	05/25/2015
Priority:	Standard	Application Received:	06/03/2015

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: California, Indiana, Oregon
 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:

The injured worker is a 43 year old male, who sustained an industrial injury on 6/7/13. He reported initial complaints of cumulative injuries including neck, bilateral shoulders, lower back, bilateral hips and bilateral knee pain. The injured worker was diagnosed as having chronic right shoulder rotator cuff tendinitis; bilateral hip degenerative joint disease; bilateral knee chondromalacia; right knee degenerative joint disease. Treatment to date has included cortisone injections to hips; status post right elbow lateral tenotomy, debridement/repair (5/13/14); status post right shoulder arthroscopy, Mumford/SAD procedure, rotator cuff repair (5/11/15); medications. Currently, the PR-2 notes dated 4/23/15 indicated the injured worker complains of right shoulder constant ache and pain. The injured worker is a status post right elbow lateral tenotomy, debridement/repair of 5/13/14; status post right shoulder arthroscopy, Mumford/SAD procedure, rotator cuff repair of 5/11/15. The provider has requested Durable Medical Equipment: Post-Op Venapro (Calf Only) Intermittent Limb Compression Device, including all accessories (dispensed on 05/11/15), for purchase, Quantity: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment - Post-Op Venapro (Calf Only) Intermittent Limb Compression Device, including all accessories (dispensed on 05/11/15), for purchase, Quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - 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.

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 4/23/15. Therefore the determination is not medically necessary for the DVT compression garments.