MAXIMUS Federal Services

Case Number:	CM15-0137468		
Date Assigned:	07/27/2015	Date of Injury:	10/04/2011
Decision Date:	08/27/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/15/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 47-year-old who has filed a claim for chronic shoulder, wrist, and elbow pain reportedly associated with an industrial injury of October 4, 2011. In a Utilization Review report dated June 16, 2015, the claims administrator approved a shoulder arthroscopy device while failing to approve a request for an intermittent pneumatic compression device for DVT prophylaxis 20-day rental. The claims administrator referenced an RFA form received on June 11, 2015, in its determination, along with an associated progress note of June 10, 2015. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested the most recent note on file was dated April 1, 2015; thus, the June 10, 2015 progress note seemingly made available which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet. The applicant's attorney subsequently appealed. On April 1, 2015, the applicant reported ongoing complaints of left shoulder, left elbow, and bilateral wrist pain, 5-7/10. The applicant was on Motrin and Pepcid, it was reported. The applicant was placed off of work, on total temporary disability. A cortisone injection was ordered. The applicant's past medical history was not detailed. Multiple progress notes provided interspersed throughout 2014 and 2015 were surveyed. It did not appear that the applicant's past medical history had been explicitly narrated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm intermittent pneumatic compression devices for deep vein thrombosis x30 days 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, Shoulder (Acute & chronic) updated 5/4/15.

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

Decision rationale: No, the request for a VascuTherm intermittent pneumatic compression device for DVT prophylaxis was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of DVT prophylaxis. However, ODG's Shoulder Chapter Venous Thrombosis Topic notes that the administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures as the incidence of DVT is "very rare" after shoulder arthroscopy. Here, the attending provider failed to make a compelling case for provision of the intermittent pneumatic compression device/DVT prophylaxis device in the face of the unfavorable ODG position on the same following the arthroscopy decompression procedure approved via a Utilization Review report dated June 16, 2015. While it was acknowledged that the June 10, 2015 progress note in which the article in question was sought was not incorporated into the IMR packet, the historical progress notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.