

Case Number:	CM15-0138292		
Date Assigned:	07/28/2015	Date of Injury:	04/07/2012
Decision Date:	08/25/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/16/2015

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: Illinois, California, Texas
 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 injured worker is a 51-year-old male who sustained an industrial injury on 4/07/12. He reported an onset of left shoulder pain due to overuse. Past medical history was negative. He was diagnosed with right shoulder impingement, rotator cuff and labral tears. The 4/3/15 treating physician report cited persistent grade 8/10 right shoulder pain. Right shoulder exam documented forward flexion and abduction 160 degrees, severe supraspinatus tenderness, moderate greater tuberosity and acromioclavicular joint tenderness, and mild biceps tendon tenderness. There was 4/5 forward flexion, abduction, and internal/external rotation weakness. Impingement tests were positive. Imaging demonstrated supraspinatus tendinosis, partial thickness bursal surface supraspinatus tear, chronic subacromial impingement, and acromioclavicular degenerative joint disease. The treatment plan recommended right shoulder arthroscopic evaluation with decompression, distal clavicle resection, and rotator cuff and/or labral debridement. Authorization was also requested for a post-operative DVT (deep vein thrombosis) compression home unit with bilateral calf sleeve (30 day rental). The 6/18/15 utilization review non-certified the request for a post-operative DVT (deep vein thrombosis) compression home unit with bilateral calf sleeve (30 day rental) as there was no indication that the injured worker was at higher than normal risk for developing deep vein thrombosis to warrant use following shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative DVT (deep vein thrombosis) Compression Home Unit with bilateral calf sleeve, 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: Shoulder (Acute & Chronic) - Deep Vein Thrombosis; Compression garments.

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

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in upper extremity procedures. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request is not medically necessary.