

Case Number:	CM15-0143977		
Date Assigned:	08/04/2015	Date of Injury:	04/15/2012
Decision Date:	09/01/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/24/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 48 year old male, who sustained an industrial injury on 04-15-2012. He has reported injury to the neck and left shoulder. The diagnoses have included cervical sprain; small to moderate cervical disc herniation, C5-6; internal derangement, left shoulder; history of chronic thrombophlebitis, under Warfarin therapy; left shoulder rotator cuff tear; and status post left shoulder arthroscopy with extensive intra-articular debridement and subacromial decompression with extensive bursectomy, release of coracoacromial ligament and anterior acromioplasty, on 03-07/2015. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco, Naprosyn, and Flexeril. A progress note from the treating physician, dated 05-29-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of overall improvement in his left shoulder, status post surgery, however, he still has pain with motion of the shoulder; he reports that therapy has improved his shoulder range of motion; and he complains of constant numbness in the left thumb. Objective findings included decreased ranges of motion in the left and the right shoulders; and he has good improvement in the left shoulder, however, he continues to have pain and mild restricted motion of the shoulder, as well as continued numbness in the left thumb. The treatment plan has included the request for retro post-op DVT (deep vein thrombosis) compression calf cuffs (left-right) and pump 1-day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Post-op DVT Compression Calf Cuffs (LT/RT) and Pump 1-Day Rental: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous Thrombosis and Other Medical Treatment Guidelines UpToDate.com, Prevention of venous thromboembolic disease in medical patients.

Decision rationale: MTUS is silent concerning DVT prophylaxis. ODG states "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy". Up-To-Date also writes, "Mechanical methods of thromboprophylaxis include intermittent pneumatic compression (IPC), graduated compression stockings (GCS), and venous foot pumps (VFP). Mechanical methods for the prevention of venous thromboembolism (VTE) are primarily indicated in patients at high risk of bleeding or in whom anticoagulation is contraindicated (eg, gastrointestinal or intracranial hemorrhage)". Medical records indicate this patient has had previous DVTs and pulmonary embolisms, thus being at increased risk for post-operative DVT. This request is within guidelines. As such, the request for Retro Post-op DVT Compression Calf Cuffs (LT/RT) and Pump 1-Day Rental is medically necessary.