

Case Number:	CM15-0148781		
Date Assigned:	08/12/2015	Date of Injury:	04/26/2012
Decision Date:	09/15/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

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, California
 Certification(s)/Specialty: Family Practice

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 is a 60-year-old male patient who sustained an industrial injury on 4-26-12. The diagnosis include persistent symptomatic left shoulder impingement syndrome and distal clavicle arthrosis unresponsive to conservative management, lower spine disc bulge, lumbar spasm and left shoulder tendinitis. Per the doctor's note dated 6/25/15, he had left shoulder pain and tenderness. The physical examination of the left shoulder revealed decreased range of motion. Per the progress report dated 1-8-15, he had complaints of persistent slight to moderate left shoulder pain aggravated by lifting, reaching, and pushing. The physical examination of the left shoulder revealed tenderness, decreased range of motion, decreased strength and positive Impingement signs. Patient has tried anti-inflammatories- meloxicam. He has had left shoulder MRI on 5/15/2013 and 7/14/2014. He has undergone left shoulder arthroscopic surgery on 1/29/2015. Treatments include: medication, physical therapy injections, and surgery. Plan of care includes: left shoulder surgery and continue home exercises. Request the following; surgery, preoperative medical clearance, post op physical therapy, continuous passive motions machine, hot cold therapy unit and arm sling. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent Limb Compression Device DOS 1/29/15: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 08/06/15), Venous thrombosis.

Decision rationale: Intermittent Limb Compression Device DOS 1/29/15. This device has been prescribed for DVT prophylaxis. Per the cited guidelines, "Recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee and depends on: (1) invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk but arthroplasty would be higher risk); (2) the postoperative immobilization period; & (3) use of central venous catheters. Upper extremity deep vein thrombosis (UEDVT) may go undetected since the problem is generally asymptomatic. The incidence of UEDVT is much less than that of the lower extremity DVT possibly because: (a) fewer, smaller valves are present in the veins of the upper extremity, (b) bedridden patients generally have less cessation of arm movements as compared to leg movements, (c) less hydrostatic pressure in the arms, & (d) increased fibrinolytic activity that has been seen in the endothelium of the upper arm as compared to the lower arm. It is recommended to treat patients of asymptomatic mild UEDVT with anticoagulation alone and patients of severe or extensive UEDVT with motorized mechanical devices in conjunction with pharmacological thrombolysis, without delay beyond 10-14 days. "She has undergone left shoulder arthroscopic surgery on 1/29/2015. Evidence that the patient was at a very high risk for deep vein thrombosis in both arms, is not specified in the records provided. Rationale for not using anticoagulation therapy alone for DVT prophylaxis is not specified in the records provided. The medical necessity of intermittent limb compression device DOS 1/29/15 is not established for this patient. The request is not medically necessary.

Press Pneumatic Appl. Half Leg Right and Left DOS 1/29/15: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 08/06/15), Venous thrombosis.

Decision rationale: Press Pneumatic Appl. Half Leg Right and Left DOS 1/29/15. This device has been prescribed for DVT prophylaxis. Per the cited guidelines, "Recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee and depends on: (1) invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk but arthroplasty would be higher risk); (2) the postoperative immobilization period; & (3) use of central venous catheters. Upper extremity deep vein thrombosis (UEDVT) may go undetected since the problem is generally asymptomatic. The incidence of UEDVT is much less than that of the lower extremity DVT possibly because: (a) fewer, smaller valves are present in the veins of

the upper extremity, (b) bedridden patients generally have less cessation of arm movements as compared to leg movements, (c) less hydrostatic pressure in the arms, & (d) increased fibrinolytic activity that has been seen in the endothelium of the upper arm as compared to the lower arm. It is recommended to treat patients of asymptomatic mild UEDVT with anticoagulation alone and patients of severe or extensive UEDVT with motorized mechanical devices in conjunction with pharmacological thrombolysis, without delay beyond 10-14 days. "She has undergone left shoulder arthroscopic surgery on 1/29/2015. Evidence that the patient was at a very high risk for deep vein thrombosis in both the arms, is not specified in the records provided. Rationale for not using anticoagulation therapy alone for DVT prophylaxis is not specified in the records provided. As the medical necessity of Intermittent Limb Compression Device DOS 1/29/15 is not established for this patient, the medical necessity of supplied goes with it- press pneumatic appl. half leg right and left was also not fully established. The medical necessity of press pneumatic appl. half leg right and left DOS 1/29/15 is not established for this patient. The request is not medically necessary.