

Case Number:	CM15-0148786		
Date Assigned:	08/12/2015	Date of Injury:	12/30/2010
Decision Date:	09/14/2015	UR Denial Date:	07/17/2015
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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on 12-30-10. The diagnoses have included rotator cuff sprain, left shoulder rotator cuff tear, left shoulder acromioclavicular joint (AC) degenerative joint disease (DJD), biceps tendon subluxation, and status post left shoulder surgery. Treatment to date has included medications, diagnostics, injections, surgery, physical therapy, ice and home exercise program (HEP). Currently, as per the physician progress note dated 5-14-15, the injured worker complains of left shoulder pain that is worsening. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left shoulder. The current medications included Tramadol, Ketoprofen gel, and Norco. The objective findings-physical exam of the left shoulder reveals tenderness, forward flexion of 0-90 degrees, pain elicited with active flexion. Pain elicited with active extension, active extension 0-10 degrees. Active abduction of 0-90 degrees, pain elicited with active abduction. The active internal rotation was 0-45 degrees. The Active external rotation was 0-45 degrees, pain elicited with active external rotation. The strength is 4 out of 5. There is positive Hawkins sign, crossover test, impingement sign, O'Brien's test and speeds sign. The physician recommended left shoulder surgery. The physician requested treatment included Purchase of deep venous thrombosis (DVT)-compression sleeves.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of deep venous thrombosis (DVT)/compression sleeves: 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), Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, pages 909-910.

Decision rationale: The patient is s/p left shoulder arthroscopy with SAD and rotator cuff repair on 5/20/15. During the weeks following surgery, mobility is an issue, making the vascultherm unit necessary in preventing any risk of DVT developing while being immobile for multiple hours at a time. The device provides DVT prophylaxis for post-operative orthopedic patients. The provider has requested for this compression device; however, has not submitted reports of any risk for deep venous thrombosis resulting from required non-ambulation, immobility, obesity or smoking factors. Rehabilitation to include mobility and exercise are recommended post-surgical procedures as a functional restoration approach recommended by the guidelines. The Purchase of deep venous thrombosis (DVT)/compression sleeves is not medically necessary and appropriate.