MAXIMUS Federal Services

Case Number:	CM15-0162678		
Date Assigned:	08/31/2015	Date of Injury:	08/05/2014
Decision Date:	10/23/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/19/2015

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, North Carolina
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:

The injured worker is a 30 year old male, who sustained an industrial injury on August 05, 2014. The injured worker was diagnosed as having right rotator cuff impingement and acromioclavicular joint arthrosis. Treatment and diagnostic studies to date has included medication regimen, physical therapy, cortisone injection, and status post arthroscopy of the shoulder. In a progress note dated March 23, 2015 the treating physician reports that the injured worker had continued right shoulder pain along with a popping sensation with an examination noting tenderness to the acromioclavicular joint and positive impingement sign. On March 23, 2015 the treating physician noted that the injured worker had "no improvement" with therapy, home exercise program, medication regimen, and cortisone injections. The medical records included an operative report noting that on May 05, 2015 the injured worker underwent arthroscopic acromioplasty and arthroscopic Mumford procedure. The treating physician requested retrospective deep vein thrombosis intermittent compression device rental for right shoulder (on day of surgery) and retrospective deep vein thrombosis sleeve times two for purchase with the date of service of May 05, 2015, but the documentation did not indicate the specific reason for the requested equipment. On August 04, 2015, the Utilization Review denied the requests for retrospective deep vein thrombosis intermittent compression device rental for right shoulder (on day of surgery) and retrospective deep vein thrombosis sleeve times two for purchase with the date of service of May 05, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Deep Vein Thrombosis Intermittent Compression device rental for right shoulder (on day of surgery) (dos 5/5/15): Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: CA MTUS Guidelines do not address the use of intermittent compression devices for shoulder arthroscopy. The ODG do not support the request. There is virtually no risk ("very rare") for upper or lower deep venous thrombosis (DVT) after a simple arthroscopy of the shoulder. Current guidelines do not advise the administration of DVT prophylaxis in shoulder arthroscopy. In this case, the documentation submitted did not reveal an increased risk for DVT or why oral medications or compression stockings could not be utilized. The applicant has no history of DVT or other hematologic disease, which would predispose him to DVT. Therefore, the retrospective request for an intermittent limb compression device on the day of surgery is not medically necessary or appropriate.

Retrospective DVT Compression sleeve times 2 for purchase (dos 5/5/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder -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) Venous thrombosis (shoulder).

Decision rationale: CA MTUS Guidelines do not address the use of an intermittent compression device and supplies for shoulder arthroscopy. ODG were referenced and it was determined that the retrospective request for an intermittent compression device was not medically necessary or appropriate. Therefore, the request for DVT compression sleeves time 2 for purchase is not necessary.