

Case Number:	CM15-0162921		
Date Assigned:	08/31/2015	Date of Injury:	04/07/2015
Decision Date:	10/05/2015	UR Denial Date:	08/19/2015
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

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 male who sustained an industrial injury on 4-7-15 with current complaint of shoulder pain. The diagnosis is left shoulder impingement syndrome with acromioclavicular joint arthritis. In an orthopedic consultation note dated 7-15-15, the physician reports the injured workers shoulder symptoms have worsened with reaching and overhead activities and he has pain at night. He has a painful arc of motion. Current medication is Vicodin. The left shoulder reveals impingement signs as 2-3+ positive. An MRI of the left shoulder demonstrates tendinosis of the supraspinatus and infraspinatus without evidence of rotator cuff tear and hypertrophic changes of the acromioclavicular joint. Past medical history noted is hypertension and hypercholesterolemia. Previous treatment includes medications, at least 8 physical therapy visits, subacromial cortisone injection, with temporary relief, MRI, and surgical consultation. Work status is that he is not currently working, as light duty restrictions are not available. The treatment plan is to recommend proceeding with left shoulder arthroscopy, subacromial decompression, distal clavicle resection arthroplasty and rotator cuff repair if necessary. The requested treatment is DVT (Deep Vein Thrombosis) compression device and DVT (Deep Vein Thrombosis) compression sleeve.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Compression Device: 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) ODG-TWC.

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 under Venous thrombosis Shoulder Chapter under Compression Garments.

Decision rationale: Based on the 07/15/15 progress report provided by treating physician, the patient presents with left shoulder pain. The request is for DVT COMPRESSION DEVICE. RFA form dated 07/20/15 with associated request for Left shoulder arthroscopy subacromial distal clavicle resection bicep tenodesis was provided. Patient's diagnosis on 07/15/15 includes left shoulder impingement and acromioclavicular joint osteoarthritis. Physical examination to the left shoulder on 07/15/15 revealed impingement signs as 2-3+ positive. An MRI of the left shoulder demonstrated tendinosis of the supraspinatus and infraspinatus without evidence of rotator cuff tear and hypertrophic changes of the acromioclavicular joint. Treatment to date has included imaging studies, injections, physical therapy and medications. The patient may return to work with restrictions, per 07/10/15 Work Summary report. The MTUS and ACOEM Guidelines do not address the request. ODG-TWC guidelines, Shoulder Chapter under Venous thrombosis states: "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." ODG, Shoulder Chapter under Compression Garments states: Not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. Treater has not provided reason for the request. It appears this request is associated with planned surgery to left shoulder, per 07/15/15 report. UR letter dated 08/19/15 states that "left shoulder arthroscopy" and "left shoulder distal clavicle resection" procedure were approved by prior UR dated 07/27/15. In this case, treater has not documented "a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism..." Treater does not discuss the patient's risk of UEDVT and why he cannot be treated with anticoagulation alone. Furthermore, ODG guidelines do not recommend compression garments such as sleeves following shoulder arthroscopy. This request for DVT device is not in accordance with guidelines. Therefore, the request is not medically necessary.

DVT Compression Sleeve: 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) ODG-TWC.

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 under Venous thrombosis Shoulder Chapter under Compression Garments.

Decision rationale: Based on the 07/15/15 progress report provided by treating physician, the patient presents with left shoulder pain. The request is for DVT COMPRESSION SLEEVE. RFA form dated 07/20/15 with associated request for Left shoulder arthroscopy subacromial distal clavicle resection bicep tenodesis was provided. Patient's diagnosis on 07/15/15 includes left shoulder impingement and acromioclavicular joint osteoarthritis. Physical examination to the left shoulder on 07/15/15 revealed impingement signs as 2-3+ positive. An MRI of the left shoulder demonstrated tendinosis of the supraspinatus and infraspinatus without evidence of rotator cuff tear and hypertrophic changes of the acromioclavicular joint. Treatment to date has included imaging studies, injections, physical therapy and medications. The patient may return to work with restrictions, per 07/10/15 Work Summary report. The MTUS and ACOEM Guidelines do not address the request. ODG-TWC guidelines, Shoulder Chapter under Venous thrombosis states: "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." ODG, Shoulder Chapter under Compression Garments states: Not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. Per UR letter dated 08/19/15, "left shoulder arthroscopy" and "left shoulder distal clavicle resection" procedure were approved by prior UR dated 07/27/15. In this case, treater has not documented "a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism..." Treater does not discuss the patient's risk of UEDVT and why he cannot be treated with anticoagulation alone. Furthermore, ODG guidelines do not recommend compression garments such as sleeves following shoulder arthroscopy. This request for DVT sleeve is not in accordance with guidelines. Therefore, the request is not medically necessary.