

Case Number:	CM15-0182609		
Date Assigned:	09/23/2015	Date of Injury:	06/18/2013
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/16/2015

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 28 year old female, who sustained an industrial-work injury on 6-18-13. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder strain and sprain, internal derangement and impingement syndrome. Medical records dated, 4-24-15 to 8-14-15, indicate that the injured worker complains of persistent right shoulder pain with weakness and increased pain with lifting, reaching and pushing activities. She reports pain during the day and pain at night. The pain is rated 3-8 out of 10 on the pain scale. There have been no changes since the previous visit and no new treatments since the last visit. The physician indicates that The Magnetic Resonance Imaging (MRI) of the right shoulder was positive and the injured worker is a candidate for right shoulder surgery. The medical records also indicate worsening of the activities of daily living due to increased pain. Per the treating physician report dated 8-17-15 the injured worker has not returned to work. The physical exam per the orthopedic progress note dated 5-27-15 reveals that the right shoulder exam shows decreased range of motion and passively the right shoulder can be elevated to 170 degrees. There is tenderness noted at the subacromial bursa on the right, positive Neer impingement test, positive Hawkins impingement test, and positive Jobe test (pain with resisted abduction). The physician recommended right shoulder surgical intervention. Treatment to date has included pain medication, rest, physical therapy at least 12 sessions, acupuncture at least 24 sessions, (with only symptomatic relief of pain), right shoulder cortisone injection times 2 with mild relief, diagnostics, off of work and other modalities. The physician indicates that the right shoulder Magnetic resonance imaging (MRI) dated 9-11-14 reveals moderate degenerative changes of the

acromioclavicular joint (AC), lateral downslope of the acromion with impingement. There is tendinitis and an intramural tear of the supraspinatus. There is a small evulsion on the distal insertion of the supraspinatus with small acromial fluid. There is possible tear of the superior labrum. The request for authorization date was 8-14-15 and requested services included DVT (deep vein thrombosis) max and pneumatic compression wraps. The original Utilization review dated 8-14-15 non-certified the request as the submitted documentation does not reflect any discussion regarding thromboembolic complications nor the injured worker being at risk for developing deep vein thrombosis. The documentation does not reflect any personal history of blood dyscrasias or deep vein thrombosis problems and lastly per the guidelines, the shoulder joint surgery being done is a lower risk for developing deep vein thrombosis. Therefore the medical necessity of DVT max is not established and since the necessity of the DVT max is not established; the necessity of pneumatic compression wraps has also not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT max and pneumatic compression wraps: 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 (Acute and Chronic) - Venous thrombosis.

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 Compression Garments.

Decision rationale: The current request is for DVT max and pneumatic compression wraps. The RFA is not provided in the medical file. Treatment to date has included pain medication, rest, physical therapy at least 12 sessions, acupuncture at least 24 sessions, (with only symptomatic relief of pain), right shoulder cortisone injection times 2 with mild relief, diagnostics, off of work and other modalities. The patient is not working. 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. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. Per report 8-14-15, the patient complains of persistent right shoulder pain with weakness and increased pain with lifting, reaching and pushing activities. The medical records also indicate worsening of the activities of daily living due to increased pain. The physical examination revealed decreased range of motion and passively the right shoulder can be elevated to 170 degrees. There is tenderness noted at the subacromial bursa on the right, positive Neer's test, positive Hawkins test, and positive Jobe test. The physician recommended right shoulder surgical intervention. This is a request for DVT prophylaxis as a preventative measure against the increased likelihood of developing VTE following the surgery. Review of the medical file indicates that the patient has been authorized for right shoulder surgery. ODG does not generally recommend pneumatic compression device for the shoulder, and there is no documented coagulopathies which would place the patient at increased risk of DVT. Therefore, the request IS NOT medically necessary.

