

Case Number:	CM15-0189067		
Date Assigned:	10/01/2015	Date of Injury:	04/30/2012
Decision Date:	11/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/25/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 43-year-old female sustained an industrial injury on 4-22-13. Documentation indicated that the injured worker was receiving treatment for right shoulder chronic impingement with rotator cuff tendinopathy. Previous treatment included left shoulder arthroscopic subacromial decompression, physical therapy and medications. Magnetic resonance imaging right shoulder (5-6-13) showed severe tendinopathy of the supraspinatus with partial thickness tear and degenerative changes of the superior labrum. In a follow-up consultation dated 7-9-15, the injured worker complained of right shoulder pain rated 7 out of 10 on the visual analog scale. The injured worker had been approved for right shoulder surgery. Physical exam was remarkable for tenderness to palpation to the anterior aspect of the right shoulder and acromion with positive impingement signs, Jobe test and atrophy of the right deltoid musculature. The treatment plan included proceeding with right shoulder arthroscopic subacromial decompression. On 9-17-15, a request for authorization was submitted for postoperative equipment for right shoulder surgery scheduled 9-21-15, including a cold therapy unit, an ARC brace, a home DVT unit and an upper extremity garment with professional setup. On 9-18-15, Utilization Review noncertified a request for a home DVT unit and upper extremity garment with professional setup.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home DVT unit and upper extremity garment with professional setup: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Continuous-flow cryotherapy.

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

Decision rationale: CA MTUS/ACOEM is silent on compression garments for DVT prophylaxis. According to ODG, Shoulder section, Compression garments, "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. 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." In this case, there is no evidence of risk factor for DVT in the clinical records from 7/9/15. Therefore, the determination is not medically necessary for the DVT compression garments.