

Case Number:	CM15-0199646		
Date Assigned:	10/14/2015	Date of Injury:	10/03/2013
Decision Date:	12/01/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/12/2015

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: Minnesota, Florida
 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:

The injured worker is a 40 year old male with a date of injury on 10-03-2013. The injured worker is undergoing treatment for affections of the shoulder and sprain of the shoulder and upper arm. Comorbid diagnoses include hypertension, hyperlipidemia, diabetes and obesity. Physician progress notes dated 07-22-2015 and 08-19-2015 documents the injured worker has persistent pain in his right shoulder aggravated with any attempt of lifting, reaching, pushing, and overhead activities. He has pain during the day and at night. He received subacromial cortisone injection, which provided significant relief but only lasted a week. Range of motion of the right shoulder is restricted. He has positive Neer test, Hawkins impingement test and Jobe test on the right. Given the injured worker's persistent symptoms and failure to improve with conservative treatment and findings on the Magnetic Resonance Imaging, an arthroscopic acromioplasty and distal clavicle resection is recommended. He is not working, he is temporarily totally disabled. Treatment to date has included diagnostic studies, medications, and steroid injections to right shoulder, physical therapy, a home exercise program, and acupuncture. A Magnetic Resonance Imaging of the right shoulder revealed fluid within the subacromial bursa, type II acromion and sprain of the acromioclavicular joint with signal changes seen in the rotator cuff. Current medications include Norco, Prilosec, and topical Flurbi-Caps-Amp-Menthol cream, Lisinopril, Atenolol, Metformin, Glipizide, and Lantus Insulin. On 09-11-2013 Utilization Review non-certified the requests for Post-op DVT max and Pneumatic compression wraps.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op 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, Shoulder Chapter - Venous Thrombosis and Cold Compression therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topics: Compression garments, Cold compression.

Decision rationale: With regard to the request for cold compression therapy and compression garments, it is not recommended by ODG guidelines for the shoulder. It may be an option for other body parts. 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 vein 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. As such, the request for DVT Max is not supported and the medical necessity of the request has not been substantiated. With regard to compression garments, ODG guidelines indicate that compression garments are not generally recommended in the shoulder. As such, the request is not supported and is not medically necessary.