

Case Number:	CM15-0201467		
Date Assigned:	10/16/2015	Date of Injury:	01/15/2015
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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: Emergency Medicine

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 is a 20 year old male with a date of injury of January 15, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder status post anterior dislocation with partial to full thickness rotator cuff tear and superior labrum anterior to posterior lesion. Medical records dated April 9, 2015 indicate that the injured worker complained of left shoulder pain with improvement with use of medications. The physical exam dated April 9, 2015 reveals tenderness of the left shoulder, decreased range of motion of the left shoulder, and atrophy of the left deltoid musculature. The progress note dated May 8, 2015 documented a physical examination that showed no changes since the examination performed on April 9, 2015. Documentation indicates that the injured worker underwent left shoulder arthroscopy with debridement of a partial thickness rotator cuff tear on May 11, 2015. There was no documentation of leg pain or other findings related to a risk for deep vein thrombosis (DVT). The treating physician recommended a DVT EZ-fit VT calf wrap in the operative note. Treatment has included medications and postoperative physical therapy. The original utilization review (September 30, 2015) non-certified a request for DVT EZ-fit VT calf wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DVT EZ-fit VT calf wrap DOS: 5/11/2015: 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 & Chronic): Venous thrombosis. (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Venous Thrombosis.

Decision rationale: The requested Retrospective DVT EZ-fit VT calf wrap DOS: 5/11/2015, is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines, Shoulder (Acute & Chronic), Venous Thrombosis, noted: "Recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. 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." The injured worker has left shoulder pain with improvement with use of medications. The physical exam dated April 9, 2015 reveals tenderness of the left shoulder, decreased range of motion of the left shoulder, and atrophy of the left deltoid musculature. The progress note dated May 8, 2015 documented a physical examination that showed no changes since the examination performed on April 9, 2015. Documentation indicates that the injured worker underwent left shoulder arthroscopy with debridement of a partial thickness rotator cuff tear on May 11, 2015. There was no documentation of leg pain or other findings related to a risk for deep vein thrombosis (DVT). DVT prophylaxis is not guideline supported for shoulder arthroscopy and the treating physician has not documented that the injured worker would not be able to ambulate after the procedure, and the treating physician has not documented that the injured worker has high risk thrombosis factors. The criteria noted above not having been met, Retrospective DVT EZ-fit VT calf wrap DOS: 5/11/2015 is not medically necessary.