

Case Number:	CM15-0204501		
Date Assigned:	10/21/2015	Date of Injury:	10/02/2014
Decision Date:	12/08/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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: 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 58 year old male, who sustained an industrial injury on 10-2-14. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-21-15 indicated by the provider that the injured worker complains of "7 out of 10 right hand pain, 8 out of 10 right shoulder pain; 5 out of 10 cervical pain; 3 out of 10 thoracic pain and 5 out of 10 low back pain." The injured worker also inquires about a new LSO brace as it no longer fastens and is broken. He brought it in the office for inspection. He reports the LSO did facilitate improved tolerance to standing and walking and maintenance of activities of daily living. His medications are listed as tramadol, naproxen, pantoprazole and Cyclobenzaprine and reports an understanding of occasional gastrointestinal upset and nausea with the medications times approximately 30 days. The injured worker is authorized and scheduled for a right shoulder arthroscopy with subacromial decompression and debridement rotator cuff on 10-19-15 due to his diagnosis of a shoulder impingement with adhesive capsulitis and rotator cuff tear. The provider notes his withdrawal of the previously requested shockwave therapy for the right shoulder due to the approval of the surgery. There is no documentation of lab results or risk for deep vein thrombosis (DVT) in support of the requested Post-operative Home DVT unit and garment for the upper extremity. A Request for Authorization is dated 10-19-15. A Utilization Review letter is dated 10-9-15 and non-certification for Post-operative Home DVT (deep vein thrombosis) unit and garment for the upper extremity, 7-day rental. A request for authorization has been received for Post-operative Home DVT (deep vein thrombosis) unit and garment for the upper extremity, 7-day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Home DVT (deep vein thrombosis) unit and garment for the upper extremity, 7 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee - compression garments; Forearm, wrist & hand - Vasopneumatic devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Section: Shoulder, Topic: Venous thrombosis.

Decision rationale: ODG guidelines recommend monitoring risk of perioperative thromboembolic complications and identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as anticoagulation therapy. In the shoulder, the risk is lower than in the knee. Deep vein thrombosis has an incidence of 1 case per 1000 and is very rare after arthroscopy of the shoulder. The documentation provided does not indicate increased risk. As such, prophylaxis is not recommended. Therefore, the request for the DVT unit and wrap is not supported and the medical necessity of the request has not been substantiated. The request is not medically necessary.