

Case Number:	CM15-0206824		
Date Assigned:	10/23/2015	Date of Injury:	05/29/2013
Decision Date:	12/07/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38 year old male, who sustained an industrial injury on 5-29-13. The injured worker was being treated for shoulder pain. On 9-16-15, the injured worker presented for medical clearance for arthroscopy of right shoulder. He reports pain with sleeping and excessive movements and is unable to sleep through the night due to pain and discomfort. He is not working. Physical exam performed on 9-16-15 revealed cane for ambulation, limited range of motion of right upper extremity with right shoulder pain, back pain and right and left knee pain. MRI of lumbar spine performed on 6-5-15 revealed disc desiccation T12-L1 to L5-S1 and diffuse disc herniation of L3-5, L5-5 and L5-S1. MIR of right shoulder performed on 6-5-15 revealed flat, laterally down sloping acromion, osteoarthritis of acromioclavicular joint, partial thickness tear of supraspinatus and infraspinatus and superoposterior labra tear. MRI of cervical spine performed on 6-5-15 revealed disc desiccation at C2-3 down to C6-7, straightening of the cervical lordotic curvature, Schmorl's node at C3, and broad based herniation at C4-5 and C5-6. Treatment to date has included oral medication including Norco 10-325mg; physical therapy, pain management and activity modifications. The treatment plan included pre-op lab studies and notes the injured worker is medically stable to proceed with surgery. On 10-2-15 request for DVT therapy device, bilateral pressure pneumatic appliance, cooling system for remaining 3 week rental was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

IPC (intermittent pneumatic compression) DVT therapy device: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Venous thrombosis and Other Medical Treatment Guidelines Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl):e351 S-418 S and Suppl: 195 S-e226 S.

Decision rationale: The claimant sustained a work injury in May 2015 when he was thrown and then run over by a tractor as it started to slide on a hill. He sustained a pelvic fracture, hernia and injury to the right knee. In April 2015 he was having headaches, radiating neck pain, mid and low back pain, bilateral knee pain, left ankle pain, and right hip and shoulder pain. In September 2015 he was seen for medical clearance for right shoulder arthroscopic surgery. He was taking Norco. He had no allergies. He had never smoked. Physical examination findings included use of a cane. There was back and bilateral knee pain. There was limited and painful right shoulder range of motion. He was cleared for the surgery and underwent an arthroscopic subacromial decompression and labral debridement on 09/21/15 which was uncomplicated. Being requested is authorization for an intermittent compression unit for DVT, bilateral pressure pneumatic appliance, and for a 4 week cooling system rental. Deep venous thrombosis prophylactic therapy is routinely utilized in the inpatient setting with major abdominal, pelvic, extremity or neurologic surgery, or following major trauma. In this case, the claimant has no identified high risk factors for developing a lower extremity deep vein thrombosis or history of prior thromboembolic event. After the surgery planned there would be no lower extremity weight bearing restrictions or prolonged immobilization. A DVT prophylaxis unit is not medically necessary.

Bilateral pressure pneumatic appliance: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Venous thrombosis and Other Medical Treatment Guidelines Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl):e351 S-418 S and Suppl: 195 S-e226 S.

Decision rationale: The claimant sustained a work injury in May 2015 when he was thrown and then run over by a tractor as it started to slide on a hill. He sustained a pelvic fracture, hernia and injury to the right knee. In April 2015 he was having headaches, radiating neck pain, mid and low back pain, bilateral knee pain, left ankle pain, and right hip and shoulder pain. In September 2015 he was seen for medical clearance for right shoulder arthroscopic surgery. He was taking Norco. He had no allergies. He had never smoked. Physical examination findings included use of a cane. There was back and bilateral knee pain. There was limited and painful right shoulder range of motion. He was cleared for the surgery and underwent an arthroscopic subacromial decompression and labral debridement on 09/21/15 which was uncomplicated. Being requested is authorization for an intermittent compression unit for DVT, bilateral pressure pneumatic appliance, and for a 4 week cooling system rental. Although the request is somewhat unclear, a bilateral appliance would likely be for use with the IPC (intermittent pneumatic compression) DVT therapy device. Deep venous thrombosis prophylactic therapy is routinely utilized in the inpatient setting with major abdominal, pelvic, extremity or neurologic surgery, or following major trauma. In this case, the claimant has no identified high risk factors for developing a lower extremity deep vein thrombosis or history of prior thromboembolic event. After the surgery planned there would be no lower extremity weight bearing restrictions or prolonged immobilization. The IPC device and bilateral pneumatic pressure appliance are not medically necessary.

Cooling system 4 week rental: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

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), Continuous-flow cryotherapy.

Decision rationale: The claimant sustained a work injury in May 2015 when he was thrown and then run over by a tractor as it started to slide on a hill. He sustained a pelvic fracture, hernia and injury to the right knee. In April 2015 he was having headaches, radiating neck pain, mid and low back pain, bilateral knee pain, left ankle pain, and right hip and shoulder pain. In September 2015 he was seen for medical clearance for right shoulder arthroscopic surgery. He was taking Norco. He had no allergies. He had never smoked. Physical examination findings included use of a cane. There was back and bilateral knee pain. There was limited and painful right shoulder range of motion. He was cleared for the surgery and underwent an arthroscopic subacromial decompression and labral debridement on 09/21/15 which was uncomplicated. Being requested is authorization for an intermittent compression unit for DVT, bilateral pressure pneumatic appliance, and for a 4 week cooling system rental. Continuous-flow cryotherapy can be recommended as an option after surgery. Postoperative use generally may be up to 7 days, including home use. In this case a 4 week rental was requested. The claimant is otherwise healthy and his surgery was uncomplicated. The request is not medically necessary.