

Case Number:	CM15-0207332		
Date Assigned:	10/26/2015	Date of Injury:	12/05/2013
Decision Date:	12/07/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 52 year old male who sustained an industrial injury December 5, 2013. Past treatment included cortisone injection left shoulder, self-directed home exercises, medication and activity modification. Past history included right shoulder surgery March 25, 2014, appendectomy January 2015, and hypertension. According to an orthopedic consultation dated June 26, 2015, the injured worker presented with left shoulder pain, rated 4-8 out of 10. Physical examination revealed; left shoulder- supraspinatus tenderness moderate right and severe left, greater tuberosity tenderness moderate right and moderate left, biceps tendon tenderness, mild right and left; subacromial crepitus present right and left; AC (acromioclavicular) joint compression test negative right positive left, Impingement I, II, and III positive right and left, Speed and O'Brien test negative. The physician documented a diagnostic ultrasound study of the left shoulder dated November 24, 2014 revealed subacromial impingement syndrome, left shoulder with supraspinatus tendinosis but no rotator cuff, labral, or biceps tendon tear. Impression left shoulder impingement syndrome. The treatment plan is for arthroscopic left shoulder subacromial decompression, distal clavicle resection, and labral and or cuff debridement and associated services. At issue, is a request for authorization for post-operative deep vein thrombosis compression home unit with bilateral calf sleeve rental for 30 days. According to utilization review dated September 25, 2015, the request for Post-operative DVT (deep vein thrombosis) Compression Home Unit with Bilateral Calf Sleeve, Rental 30 days is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative deep vein thrombosis compression home unit with bilateral calf sleeve rental for 30 days: 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, Venous Thrombosis; Compression garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter and pg 10.

Decision rationale: According to the guidelines, compression is not recommended after shoulder surgery for DVT prevention due to the low incidence of DVT of the shoulder after surgery. In this case, there was mention of decreased ambulation after surgery predisposing the claimant to a DVT. However, there is no evidence to support that the shoulder surgery will not allow the patient to ambulate for 30 days. As a result, the request for compression sleeves is not medically necessary.