

Case Number:	CM15-0207339		
Date Assigned:	10/26/2015	Date of Injury:	03/12/2014
Decision Date:	12/11/2015	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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 49-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of March 12, 2014. In a utilization review report dated September 25, 2015, the claims administrator failed to approve a request for a DVT compression device 30-day rental, apparently for postoperative use following shoulder surgery. The applicant's attorney subsequently appealed. On a September 18, 2015 RFA form, transportation to and from appointments preoperative and postoperative, and an associated DVT compression device were sought. The attending provider stated the applicant was scheduled to undergo a right shoulder arthroscopy on September 23, 2015. In an associated letter dated September 18, 2015, the attending provider reiterated his request for the device in a highly templated manner. There is no mention of the applicant's having any personal risk factors for development of a DVT. On a handwritten note dated July 24, 2015, the applicant was described as a candidate for shoulder surgery. Tramadol was endorsed. The applicant's work status was not seemingly renewed. The applicant's medical history was likewise not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative rental of a deep vein thrombosis (DVT) compression home unit with bilateral calf sleeve: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: No, the request for postoperative rental of a DVT compression home unit was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Shoulder Chapter, Venous Thrombosis Topic notes that the administration of DVT prophylaxis is "not generally recommended" in shoulder arthroscopy procedures, as was seemingly pending here on September 23, 2015. ODG notes that the development of DVT is "very rare" after shoulder arthroscopy procedures, as was seemingly planned here. The attending provider failed to outline any compelling applicant-specific risk factors, such as prolonged immobilization following surgery, history of prior DVT, history of blood dyscrasias, etc., which would have compelled a variance from the ODG position. Therefore, the request was not medically necessary.