

Case Number:	CM15-0022895		
Date Assigned:	02/12/2015	Date of Injury:	08/01/2010
Decision Date:	04/20/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

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: Florida

Certification(s)/Specialty: Neurology, 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:

This 55 year old male sustained an industrial injury to the left shoulder on 8/1/10. Previous treatment included physical therapy, cortisone injections, home exercise and medications. On 10/30/14, the injured worker underwent left shoulder rotator cuff repair. No postoperative assessment was submitted for review. The injured worker received postoperative physical therapy and medications. In a physical therapy evaluation dated 12/2/14, the injured worker complained of 7/10 left shoulder pain on the visual analog scale. Physical exam was remarkable for left shoulder with tenderness to palpation in the soft tissue with restricted range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Mechanical Prophylaxis date of service 10/30/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary last updated 08/27/2014, ODG-TWC Knee and Leg Procedure Summary last updated 10/27/2014 Arthroscopy. 2011 Dec;27(12):1614-9. Thromboembolic phenomena after arthroscopic shoulder surgery. Kuremsky MA, Cain EL Jr, Fleischli JE. Source: Alabama Sports Medicine and Orthopaedic Center, Birmingham, Alabama, USA. last updated 12/27/2011.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Executive Summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines FREE TO VIEW Gordon H. Guyatt, MD, FCCP; Elie A. Akl, MD, PhD, MPH; Mark Crowther, MD; David D. Gutterman, MD, FCCP; Holger J. Schünemann, MD, PhD, FCCP; for the American College of Chest Physicians Antithrombotic Therapy and Prevention of Thrombosis Panel.

Decision rationale: ODG guidelines and MTUS do not apply regarding DVT prophylaxis. The Executive Summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines, by Gordon H. Guyatt, MD, FCCP; Elie A. Akl, MD, PhD, MPH; Mark Crowther, MD; David D. Gutterman, MD, FCCP; Holger J. Schunemann, MD, PhD, FCCP; for the American College of Chest Physicians Antithrombotic Therapy and Prevention of Thrombosis Panel supports that For general and abdominal-pelvic surgery patients at very low risk for VTE (< 0.5%; Rogers score, < 7; Caprini score, 0), we recommend that no specific pharmacologic (Grade 1B) or mechanical (Grade 2C) prophylaxis be used other than early ambulation. As the medical records provided for review do not indicate any risk for VTE in the insured, the medical records do not support treatment of DVT mechanical prophylaxis.