

Case Number:	CM15-0211001		
Date Assigned:	10/29/2015	Date of Injury:	01/22/2013
Decision Date:	12/15/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/26/2015

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, 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:

This is a 46 year old male patient with an industrial injury date of 01-22-2013. The diagnoses include neck pain, back pain, bilateral knee sprain, hip and thigh strain and bilateral shoulder sprain. Per the doctor's note dated 9/21/15, he had chronic pain, neck pain and impaired cognition. Per the doctor's note dated 06-30-2015, he had complaints of pain and discomfort in the left hand and left elbow, pain over upper back, neck and low back. Physical exam on 06-30-2015 noted multiple trigger points, left shoulder range of motion with adduction-abduction "approximately 90% of predicted", Internal abduction and rotation 70%. Medications included Adderall, Flexeril, Gabapentin, Norco, Ibuprofen, Omeprazole, topical cream and Pristiq. His surgical history includes right shoulder surgery in 2014, right hip surgery in 2013 and cervical foraminotomy in 2013; left knee arthroscopic surgery on 7/15/2015; left shoulder arthroscopic surgery and left CTR on 3/3/2015. Prior treatment included Synvisc injection into hip, lumbar spine injections, physical therapy and medications. On 10-20-2015 the request for DVT (deep vein thrombosis) intermittent pneumatic compression device for left shoulder 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:

Deep Vein Thrombosis Intermittent pneumatic compression device for the left shoulder:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Venous Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 10/26/15) Venous thrombosis.

Decision rationale: This device has been prescribed for DVT prophylaxis. Per the cited guidelines "Recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee and depends on: (1) invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk but arthroplasty would be higher risk); (2) the postoperative immobilization period; & (3) use of central venous catheters. Upper extremity deep vein thrombosis (UEDVT) may go undetected since the problem is generally asymptomatic. The incidence of UEDVT is much less than that of the lower extremity DVT possibly because: (a) fewer, smaller valves are present in the veins of the upper extremity, (b) bedridden patients generally have less cessation of arm movements as compared to leg movements, (c) less hydrostatic pressure in the arms, & (d) increased fibrinolytic activity that has been seen in the endothelium of the upper arm as compared to the lower arm. It is recommended to treat patients of asymptomatic mild UEDVT with anticoagulation alone and patients of severe or extensive UEDVT with motorized mechanical devices in conjunction with pharmacological thrombolysis, without delay beyond 10-14 days." He has undergone left shoulder arthroscopic surgery on 3/3/2015. History of recent shoulder surgery is not specified in the records provided. Evidence that the patient was at a very high risk for deep vein thrombosis is not specified in the records provided. Rationale for not using anticoagulation therapy alone for DVT prophylaxis is not specified in the records provided. The request for Deep Vein Thrombosis Intermittent pneumatic compression device for the left shoulder is not medically necessary or established for this patient.