

Case Number:	CM15-0213483		
Date Assigned:	11/03/2015	Date of Injury:	11/20/2011
Decision Date:	12/23/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/29/2015

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 57 year old, who sustained an industrial injury on 11-20-11. The injured worker has complaints of right shoulder pain that increases with lifting, pushing, pulling, reaching and compression loading with a pain level of 5 to 7 out of 10. The injured worker has low back and right sacroiliac joint pain with a pain level of 5 to 7 out of 10. Lumbar spine has tenderness to palpation over the lumbosacral and bilateral paravertebral musculature with hypertonicity and muscle guarding. Tenderness to palpation is also present over the right sacroiliac joint. Sacroiliac stress testing is positive on the right and straight leg raise test elicits increased low back pain bilaterally. Range of motion of the lumbar spine is limited. Pain is present upon extension greater than flexion. Examination of the right shoulder reveals tenderness to palpation over the subacromial region, supraspinatus tendon, acromioclavicular joint and trapezius muscles with hypertonicity and trigger points. The diagnoses have included sprain of neck. Treatment to date has included home exercise program; ice; heat; salonpas patches and electrical muscle stimulation unit. The original utilization review (10-21-15) non-certified the request for post op deep venous thrombosis (DVT) compression home unit with bilateral calf sleeve rental (days) quantity 30.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op deep venous thrombosis (DVT) compression home unit with bilateral calf sleeve rental (days) Qty: 30.00: 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 ODG: Section: Shoulder, Topic: Venous thrombosis.

Decision rationale: The injured worker is undergoing arthroscopic surgery for the shoulder as an outpatient. The incidence of deep vein thrombosis after arthroscopic shoulder surgery is extremely small and prophylaxis is not recommended. The documentation submitted does not indicate an increased risk for deep vein thrombosis. As such, the request for Postoperative DVT intermittent pneumatic compression home unit with bilateral calf sleeves is not supported and the request is not medically necessary and has not been substantiated.