

Case Number:	CM15-0215634		
Date Assigned:	11/05/2015	Date of Injury:	11/20/2007
Decision Date:	12/18/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female, who sustained an industrial injury on 11-20-2007. A review of the medical records indicates that the injured worker is undergoing treatment for rotator cuff rupture. The Primary Treating Physician's report dated 7-28-2015, noted the injured worker suffered from a pain level of 8-10 the majority of the time, having difficulty sleeping and maintaining rest without pain medication, noting the injured worker had surgery on 7-28-2015 with request for DVT calf pump and cuffs to aid in prevention of a DVT from forming as a result of surgery. The injured worker's past medical history was noted to include borderline diabetes mellitus-2, hypertension, asthma, hyperlipidemia, and shingles, with no previous problems with surgery or anesthesia. Prior treatments have included right shoulder arthroscopic surgery 7-28- 2015. The request for authorization dated 7-28-2015, requested retrospective DVT compression device with accessories, 1 day rental during surgery and post-op recovery for DOS 7/28/15. The Utilization Review (UR) dated 10-12-2015, non-certified the request for retrospective DVT compression device with accessories, 1 day rental during surgery and post-op recovery for DOS 7/28/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DVT compression device with accessories, 1 day rental during surgery and post-op recovery for DOS 7/28/15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, under Compression Garments.

Decision rationale: The request is for a RETROSPECTIVE DVT COMPRESSION DEVICE WITH ACCESSORIES, 1 DAY RENTAL DURING SURGERY AND POST-OP RECOVERY FOR DOS 7/28/15. Prior treatments have included right shoulder arthroscopic surgery on 07/28/15, status post lumbar fusion, physical therapy and medications. The patient remains off work. ODG Low Back Chapter does not discuss compression Garments. ODG Knee and Leg Chapter, under Compression Garments have the following: Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. Per report 08/27/15, the patient is status post right shoulder surgery on 07/28/15 and continues to have significant pain. The patient was instructed to continue using her sling, and to start post-operative physical therapy. This is a retrospective request for a DVT compression calf cuff (LT/RT) and pump. 1 day rental during surgery and post op recovery. In regard to the DVT prophylaxis calf compression that was used on the day of the patient's shoulder surgery, the request is appropriate. While this patient does not present with any potential complicating factors such as coagulopathy, heart disease, or diabetes, ODG supports such compression wraps as an option for DVT prophylaxis for post-operative patients. Therefore, the request IS medically necessary.