

Case Number:	CM15-0215649		
Date Assigned:	11/05/2015	Date of Injury:	01/19/2011
Decision Date:	12/18/2015	UR Denial Date:	09/29/2015
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: Illinois, California, Texas
 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:

This injured worker is a 33-year-old female who sustained an industrial injury on 1/19/11. Injury occurred when she was driving a [REDACTED] cart that that was run into by a forklift, injuring her right shoulder and neck. The 7/27/15 left shoulder MRI impression documented no finding to suggest an acute or subacute osseous abnormality, and no appreciable outlet narrowing. There was mild supraspinatus tendinopathy. There was no full thickness tear present and gadolinium did not extend into the rotator cuff components to indicate a partial thickness. The biceps labral complex was intact. The injured worker underwent a right shoulder arthroscopic examination of right shoulder under anesthesia, posteroinferior capsule plication, and subacromial bursoscopy on 9/23/15. The 9/24/15 treating physician report indicated the injured worker was post-op. Right shoulder incision was clean and dry with no erythema or drainage. She was in an immobilizer with no range of motion. Authorization was requested for a post-operative pneumatic compression device. The 9/29/15 utilization review non-certified the request for a post-op pneumatic compression device as the medical necessity of this device was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative pneumatic compression device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Shoulder (updated 03/07/2013), 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) Shoulder: Deep vein thrombosis (DVT); Venous Thrombosis.

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in upper extremity procedures. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request for is not medically necessary.