

Case Number:	CM15-0219444		
Date Assigned:	11/12/2015	Date of Injury:	04/28/2014
Decision Date:	12/30/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/09/2015

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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 28, 2014. In a Utilization Review report dated October 29, 2015, the claims administrator failed to approve a request for a postoperative DVT compression pump and associated stockings. A September 15, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. On said September 15, 2015 office visit, the applicant reported ongoing issues with shoulder pain. The applicant was asked to pursue arthroscopic shoulder surgery to include a manipulation under anesthesia, partial claviclectomy, acromioplasty, debridement, and lysis of adhesions. Norco and Keflex were seemingly endorsed, along with a continuous cooling device and DVT compression device. The applicant's past medical history was not, however, detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op DVT compression pump and stockings: 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), Knee chapter, compression garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Disorders, Venous thrombosis.

Decision rationale: No, the request for a postoperative DVT compression pump with associated stockings was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of DVT prophylaxis following shoulder surgery, as was seemingly pending here. However, ODG's shoulder chapter venous thrombosis topic notes that the administration of DVT prophylaxis is "not generally recommended" in shoulder arthroscopy procedures, as was seemingly present here, citing a very low incidence rate of DVT following shoulder arthroscopy. Here, the September 15, 2015 office visit made no mention of the applicant as having risk factors for development of a postoperative DVT. There was no seeming mention of the applicant as having issues with blood dyscrasias, a history of prior DVT, a history of neoplasm, etc., which would have predisposed the applicant toward development of a DVT. Therefore, the request was not medically necessary.