

Case Number:	CM15-0219548		
Date Assigned:	11/12/2015	Date of Injury:	03/17/2014
Decision Date:	12/24/2015	UR Denial Date:	10/28/2015
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: 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 49-year-old female who sustained an industrial injury on 3/17/14. The mechanism of injury was not documented. The 9/14/15 treating physician report cited left shoulder pain with limited range of motion. Functional difficulty was documented in hygiene activities. Pain was reported at night. There was also persistent neck pain with paresthesias in the left hand. Physical therapy had increased neck and left shoulder pain. Left shoulder exam documented tenderness over the rotator cuff footprint, limited range of motion, positive Hawkin's and empty can tests, rotator cuff weakness, and painful arc of motion. Imaging demonstrated a full thickness supraspinatus tear with large bone spur. Surgery was recommended. The injured worker underwent left shoulder arthroscopic examination under anesthesia, extensive rotator cuff debridement, subacromial decompression with resection of the coracoacromial ligament, partial claviclectomy, partial acromioplasty, and complete repair of the rotator cuff tendon tear with suture anchors on 10/21/15. Authorization was requested for a pneumatic intermittent compression device to prevent DVT (deep vein thrombosis), related to left shoulder impingement status post arthroscopic surgery on 10/21/15. The 10/28/15 utilization review non-certified the request for a post-op pneumatic intermittent compression device as there was no documentation to support the need for this device relative to risk factors for DVT, indication that she would be non-ambulatory in the post-operative period, or history of prior DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic intermittent compression device to prevent DVT (deep vein thrombosis), related to left shoulder impingement status post arthroscopic surgery on 10/21/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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 injured worker. 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 is not medically necessary.