

Case Number:	CM15-0034796		
Date Assigned:	03/03/2015	Date of Injury:	07/21/2014
Decision Date:	04/20/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/24/2015

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:

The injured worker is a 39-year-old male who sustained an industrial injury on 7/21/14. Injury occurred when he twisted his left shoulder climbing down a ladder. There was no significant past medical history or family history of blood clots or pulmonary emboli. The patient was noted to be a current smoker. The 7/31/14 left shoulder MRI impression documented a high grade distal pectoralis major tendon injury at the myotendinous junction with 3 cm of medial retraction. The patient underwent a left shoulder pectoralis major tenolysis with tendon repair on 8/28/14 with no indication of post-operative complications. A retrospective request was submitted for a pneumatic intermittent compression device for 30 day rental after left shoulder surgery. The physician order form dated 8/28/14 did not identify any risk factors. The 2/12/15 utilization review non-certified the request for 30 day rental of a pneumatic intermittent limb compression device with two half-leg appliances, date of service 8/24/14. The rationale noted the lack of guideline support for deep vein thrombosis (DVT) prophylaxis in upper extremity orthopedic surgery and noted there was no history of DVT or pulmonary embolism to support the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic appliance half-leg with intermittent limb compression device for post-operative left shoulder surgery, thirty day rental, provided on August 28, 2014: 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).

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) recommends 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 a pneumatic intermittent limb compression device. Therefore, this request is not medically necessary.