

Case Number:	CM15-0080958		
Date Assigned:	05/04/2015	Date of Injury:	11/10/2010
Decision Date:	06/10/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/28/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 49-year-old female, with a reported date of injury of 11/10/2010. The diagnoses include impingement of the left shoulder with spurring of the left acromioclavicular joint. Treatments to date have included left shoulder arthroscopic debridement, left distal clavicle resection and subacromial decompression on 01/21/2015, and physical therapy. The progress report dated 02/04/2015 indicates that the injured worker was eleven days status post the debridement of a frayed labrum and distal clavicle resection with bone spurs of the left shoulder. It was noted that she was doing very well postoperatively, her sutures were removed, and she would be starting physical therapy. The plan was to see the injured worker again in three weeks. The progress report dated 02/24/2015 indicates that the injured worker and the physician reviewed her physical therapy progress report. It was noted that she continued to do relatively well with her shoulder. The injured worker abducted her shoulder to approximately 130-140 degrees with improving strength. There was still some pain, but she was doing quite well in her rehabilitation. There was no indication that the injured worker was at risk for a deep vein thrombosis. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested DVT (deep vein thrombosis) intermittent limb compression device rental for a left shoulder surgery (date of service: 01/21/2015). On 03/24/2015, Utilization Review (UR) denied the retrospective request, noting the compression garments are not indicated after a shoulder arthroscopy, and there was no documentation that the injured worker had a diagnosis of a DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Retro: DVT intermittent limb compression device rental (DOS: 01/21/2015) for left shoulder surgery: 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), 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 section, Compression garment.

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective DVT intermittent limb compression device rental date of service January 21, 2015 for left shoulder surgery is not medically necessary. Compression garments are not generally recommended in the shoulder. DVT and pulmonary embolism events are common complications following lower extremity orthopedic surgery but is rare following upper extremity surgery, especially shoulder arthroscopy. The guidelines recommend monitoring high risk of developing venous thrombosis. In the shoulder, risk is lower than in the knee and depends upon the invasiveness of the surgery, the postoperative immobilization and the use of central venous catheters. Continuous flow cryotherapy is recommended as an option after surgery. Postoperative use may be up to seven days, including home use. DVT is very rare after arthroscopy of the shoulder. In this case, the injured worker's working diagnosis is impingement left shoulder with spurring of the left acromioclavicular joint. The injured worker underwent left shoulder arthroscopic debridement, left distal clavicle resection and subacromial decompression. The documentation shows the treating provider used the DVT/SCD unit during the procedure. DVT and pulmonary embolism is rare following upper extremity surgery, especially shoulder arthroscopy. There was no documentation of DVT. There is no clinical indication or rationale for a compression garment/compression device. Consequently, absent clinical documentation with a clinical indication and rationale according to guideline recommendations for a DVT compression device, retrospective DVT intermittent limb compression device rental date of service January 21, 2015 for left shoulder surgery is not medically necessary.