

Case Number:	CM15-0082980		
Date Assigned:	05/05/2015	Date of Injury:	07/01/2013
Decision Date:	06/05/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/30/2015

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: Minnesota, Florida

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 55-year-old male, who sustained an industrial injury on 07/01/2013. On provider visit dated 12/08/2014 the injured worker was seen for a follow up of arthroscopy of the right shoulder, and lysis of adhesions. On examination there were no signs of infection, sutures were removed, and steri-strips were applied. The diagnoses have included adhesive capsulitis of the right shoulder and rotator cuff tear. Per documentation, the injured worker underwent a right shoulder arthroscopy on 12/02/2014. Previous treatment included MRI, therapy, TENS unit and medication. The provider requested pneumatic intermittent compression device, duration x 1-30 days (unknown dos) and retrospective post-operative segmental gradient pressure pneumatic appliance x 2 duration x 1-30 days (unknown dos). Utilization review non-certified the requests citing ODG guidelines. This has been appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective post-operative pneumatic intermitten compression device, duration x 1-30 days (unknown dos): 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 ODG: Section: Shoulder, Topic: Venous thrombosis, compression garments.

Decision rationale: ODG guidelines state that the risk of deep vein thrombosis after shoulder surgery is one case per 1000 and it is very rare after arthroscopy of the shoulder. The administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. The guidelines recommend monitoring risk of perioperative thromboembolic complications by identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Compression garments are not generally recommended in the shoulder. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. The documentation submitted does not indicate a high risk of coagulopathic risk factors. As such, the request for post-operative pneumatic intermittent compression device, duration x 1-30 days, is not supported and the medical necessity of the request has not been substantiated. This is not medically necessary.

Retrospective post-operative segmental gradient pressure pneumatic appliance x 2 duration x 1-30 days (unknown dos): 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 ODG: Section: Shoulder, Topic: Venous thrombosis, Compression garments.

Decision rationale: ODG guidelines state that the risk of deep vein thrombosis after shoulder surgery is one case per 1000 and it is very rare after arthroscopy of the shoulder. The administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. The guidelines recommend monitoring risk of perioperative thromboembolic complications by identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Compression garments are not generally recommended in the shoulder. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. The documentation submitted does not indicate a high risk of coagulopathic risk factors. As such, the request for post-operative segmental gradient pressure pneumatic appliance x 2, duration x 1-30 days, is not supported and the medical necessity of the request has not been substantiated. This request is not medically necessary.