

Case Number:	CM15-0083559		
Date Assigned:	05/05/2015	Date of Injury:	11/06/2012
Decision Date:	06/04/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/01/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 71-year-old male, with a reported date of injury of 11/06/2012. The diagnoses include right shoulder partial-thickness supraspinatus tendon tear and status post industrial right shoulder lifting-type sprain/strain injury. Treatments to date have included physical therapy, acupuncture treatment, and ultrasound study of the right shoulder, which revealed a 75% partial-thickness supraspinatus tendon tear. The comprehensive orthopedic consultation report dated 01/19/2015 indicates that the injured worker had persistent right shoulder symptoms despite all attempts of aggressive conservative measures. The physical examination showed decreased right shoulder range of motion, severe right supraspinatus tenderness, moderate right greater tuberosity tenderness, mild right biceps tendon tenderness, moderate right acromioclavicular (AC) joint tenderness, positive right subacromial crepitus, decreased right shoulder muscle strength and tone, no sensation/neurologic function deficit on the right, a positive AC joint compression test, and positive right shoulder impingement. The treatment plan included right shoulder arthroscopic subacromial decompression, distal clavicle resection, rotator cuff debridement and/or repair. The treating physician requested pre-operative and post-operative transportation to appointments and a 30-day rental of a post-operative deep vein thrombosis (DVT) compression home unit with bilateral calf sleeve to help with restoring range of motion. On 04/22/2015, Utilization Review (UR) denied the request for transportation since there was no indication that the injured worker had significant mobility issues and no indication that the injured worker would be confined for a significant period of post-operative

immobility; and denied the request for the DVT compression unit since there was limited evidence of a prior medical history of clotting disorders or a history of DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Post Operative Transportation to appointments: 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), Transportation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee section, Transportation (to and from appointments).

Decision rationale: The MTUS is silent on whether or not transportation is necessary or not for chronic pain, injuries, or surgeries. The ODG states that for injuries, transportation to and from appointments may be allowed, if it is medically necessary, and if the patient has a disability that specifically prevents them from self-transporting themselves to their appointments. In the case of this worker, there was no indication that this worker was not capable of arranging for transportation to and from his surgery as this was not explained in the documents made available for review. Without a more clear indication and reason for this request, it will be considered medically unnecessary.

Post operative DVT compression home unit with bilateral calf sleeve x 30 day rental: 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), Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder section, Venous Thrombosis and Compression garments.

Decision rationale: The MTUS Guidelines do not address deep venous prophylaxis following shoulder surgery. However, the ODG states that it is recommended to monitor risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment of deep vein thrombosis/embolism by providing anticoagulation therapy or compression devices/garments to help lower the risk. The risk for shoulder deep vein thrombosis is much lower than for knee/leg and depends on how invasive the surgery is, how long the immobilization period is, if the patient is identified as having coagulopathy, and whether or not there was use of a central venous catheter. Compression devices/garments are not generally recommended for the shoulder unless significant risk factors are identified. In the case of this worker, who was to undergo shoulder surgery/arthroscopy, it was not clear why DVT compression following the surgery was indicated, as there was no record of him having any risk

factors for clotting or the inability to walk following the shoulder surgery. Without a clear explanation as to why this request is warranted without supportive evidence, it will be considered medically unnecessary at this time.