

Case Number:	CM15-0087507		
Date Assigned:	05/11/2015	Date of Injury:	07/25/2013
Decision Date:	06/18/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/06/2015

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: Arizona, Texas
 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 53 year old male, who sustained an industrial injury on 07/25/2013. According to a progress report dated 02/23/2015, the injured worker had persistent right shoulder pain. Diagnoses included persistent symptomatic impingement syndrome, distal clavicle arthrosis and superior labral anterior posterior tears right shoulder. Recommendations included surgery for the right shoulder. On 04/29/2015, two authorization requests were submitted, one for right shoulder surgery and the other for Deep Vein Thrombosis Max and pneumatic compression wraps. Deep vein thrombosis prophylaxis was requested as a preventative measure against the likelihood of developing venothromboembolism following a surgical procedure. According to documentation submitted for review other diagnoses included sleep deprivation and hypertension. Currently under review is the request for DVT Max and Pneumatic Compression Wraps.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Max and Pneumatic Compression Wraps: 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) Pain.

Decision rationale: The MTUS is silent regarding the use of pneumatic compression wraps for the prevention of DVT. According to the ODG it is recommended to identify patients at a high risk of developing venous thrombosis and providing prophylactic measures. Risk factors for venous thrombosis include immobility surgery and prothrombotic genetic variants. In this case the patient is planned for surgery of the upper extremity. The documentation doesn't support that the patient is expected to be immobile after surgery. The use of DVT Max and Pneumatic compression wraps for DVT prevention is not medically necessary.