

Case Number:	CM14-0130711		
Date Assigned:	08/20/2014	Date of Injury:	12/08/2009
Decision Date:	09/26/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61-year-old female who reported an injury on 12/08/2009. The diagnoses included thoracic outlet syndrome. The mechanism of injury was not provided. The surgical history included an arthroscopy of the right shoulder on 06/21/2011, a distal clavicle excision and lysis of adhesion to the right shoulder on 05/14/2014 and a surgical decompression of the right brachial plexus on 07/18/2014. The diagnostic studies included electrophysiologic testing. The injured worker underwent a diagnostic injection. The medication history included Butrans, Carisoprodol, Cyclobenzaprine, Diazepam, Diclofenac Sodium, Hydrocodone/Acetaminophen, Duloxetine, Ibuprofen, Lyrica, Lorazepam, Lansoprazole, Mobic, Naproxen, and Omeprazole. There was a request for authorization for DVT prevention with intermittent cold compression and a TENS unit with electrodes dated 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT (deep vein thrombosis) prevention with intermittent cold compression 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, Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Venous Thrombosis, compression garments, continuous flow cryotherapy.

Decision rationale: The Official Disability Guidelines indicate that injured workers should be identified who are at high risk of developing venous thrombosis and be provided prophylactic measures including consideration for anticoagulation therapy. The guidelines do indicate that compression garments are appropriate by the use of stockings for prevention of deep vein thrombosis. Additionally, they indicate that continuous-flow cryotherapy is recommended as an option for surgery for 7 days. The clinical documentation submitted for review failed to indicate the injured worker was at risk for deep vein thrombosis. There was a lack of documentation indicating a necessity for a deep vein thrombosis unit with intermittent cold compression for 30 days. There was a lack of documentation of exceptional factors. This request would be supported for 7 days. The request for 30 days is excessive. Given the above, the request for DVT (deep vein thrombosis) prevention with intermittent cold compression 30-day rental is not medically necessary.