

Case Number:	CM14-0091636		
Date Assigned:	09/19/2014	Date of Injury:	10/22/2013
Decision Date:	10/20/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/17/2014

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 California. 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:

This is a 31-year-old gentleman who injured his right shoulder in a work-related accident on 10/22/13. The records provided for review documented that the claimant underwent right shoulder arthroscopy and subacromial decompression with extensive debridement of the rotator cuff on 3/25/14. There is a postoperative clinical request in direct relationship to the 3/25/14 surgery for an intermittent pneumatic compression device for deep vein thrombosis prevention of the right upper extremity. Careful review of medical records fails to demonstrate any evidence of underlying comorbidity, coagulopathy, or past medical history indicative of treatment for blood clots, particularly to the upper extremity. This a a retrospective request for the device in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for DVT Intermittent Pneumatic Compression Device Rental 1 day Right Shoulder DOS 3/25/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in

Worker's Comp, 18th Edition, 2013 Updates: Forearm/wrist/hand procedure - Vasopneumatic devices.

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines criteria, the request for the vasopneumatic device in this case would not be indicated. While the device was utilized following a right shoulder outpatient decompressive surgery performed arthroscopically to the shoulder, there is currently no documentation that the claimant has a past medical history or evidence of prior coagulopathy that would necessitate the use of this device for the claimant's upper extremity. Upper extremity deep vein thrombosis is an extremely rare occurrence. There is no documentation to support the necessity for preventative measures for DVT in this otherwise healthy 31-year-old individual undergoing an outpatient arthroscopic procedure.