

Case Number:	CM14-0211592		
Date Assigned:	12/24/2014	Date of Injury:	12/27/2011
Decision Date:	02/19/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: North Carolina, New York, Missouri
 Certification(s)/Specialty: Internal Medicine, Nephrology

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 patient is a 61-year-old female who has submitted a claim for left rotator cuff syndrome status post repair associated with an industrial injury date of 12/27/2011. Medical records from 2014 were reviewed. The patient complained of left shoulder pain status post repair of rotator cuff tear. Her past medical history is significant for hypertension, cardiac ablation, hysterectomy and right hernia. Physical examination showed +2 pulses bilaterally, positive Neer's and Hawkin's test at the left, negative Allen test, normoreflexia, weakness of left deltoid rated 3+/5 and diminished sensation at the left upper extremity. Treatment to date has included left shoulder arthroscopy, synovectomy, bursectomy, coracoacromial ligament release, Neer type acromioplasty and modified Mumford procedure on 10/31/2014, two corticosteroid injections to the left shoulder, physical therapy and medications. The present request for DVT pneumatic compression device is to prevent deep venous thrombosis in the post-operative phase. The utilization review from 12/9/2014 denied the request for DVT intermittent pneumatic compression device rental and purchase of two non-reusable wraps because of no evidence that the patient was at high-risk for developing venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT intermittent pneumatic compression device rental Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation (ODG-TWC)

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, Vasopneumatic Devices.

Decision rationale: CA MTUS does not specifically address vasopneumatic devices. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling. In this case, the patient underwent left shoulder arthroscopy, synovectomy, bursectomy, coracoacromial ligament release, Neer type acromioplasty and modified Mumford procedure on 10/31/2014. The present request for deep venous thrombosis (DVT) pneumatic compression device is to prevent deep venous thrombosis in the post-operative phase. However, the patient is two months status post-surgery when the request has been filed for certification. It is unclear why continued DVT prevention is necessary in this case. The medical necessity cannot be established due to insufficient information. Moreover, the present request as submitted failed to specify intended duration of treatment period. Therefore, the request for DVT intermittent pneumatic compression device rental QTY: 1.00 is not medically necessary.

Purchase of two non-reusable wraps Qty: 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation (ODG-TWC).

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, Vasopneumatic Devices.

Decision rationale: CA MTUS does not specifically address Vasopneumatic devices. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that Vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling. In this case, a simultaneous request for deep venous thrombosis (DVT) pneumatic compression device has been denied. There is no clear indication for certifying associated requests at this time. Therefore, the request for purchase of two non-reusable wraps QTY: 2.00 are not medically necessary.

