

Case Number:	CM14-0213072		
Date Assigned:	12/30/2014	Date of Injury:	01/31/2009
Decision Date:	02/27/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/19/2014

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 57 year old female with an injury date on 1/31/09. The patient complains of right shoulder pain that is stabbing and significant per 11/6/14 report. The patient has pain from the upper part of the right shoulder down into the biceps and trapezius area as well as the right side of the neck per 11/6/14 report. The patient has numbness/tingling of the right hand, the ring and small fingers per 11/6/14 report. The patient stated in a prior report that the shoulder pain dissipated and she has no pain when sleeping or awake per 8/15/14 report. Based on the 8/15/14 progress report provided by the treating physician, the diagnoses are: 1. Right shoulder pain, s/p surgery with a rotator cuff repair, subacromial decompression and biceps tenodesis, improved. 2. musculoligamentous strain of the cervical spine. A physical exam on 8/15/14 showed "right shoulder range of motion is reduced, with abduction reduced by 40 degrees." The patient's treatment history includes medications, postoperative physical therapy, shoulder sling, MRI shoulder. The treating physician is requesting retrospective DVT compression sleeves. The utilization review determination being challenged is dated 12/8/14. The requesting physician provided treatment reports from 6/13/14 to 8/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DVT Compression Sleeves: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition (web), 2014, Shoulder, Venous thrombosis

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

Decision rationale: This patient presents with pain in right shoulder and is s/p right shoulder rotator cuff repair, subacromial decompression, AC joint resection, and open subpectoral biceps tenodesis from 3/10/14. The treater has asked for RETROSPECTIVE DVT COMPRESSION SLEEVES but the requesting progress report is not included in the provided documentation. Regarding compression garments, ODG shoulder chapter states they are to generally recommend. ODG states: "Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. (Edgar, 2012) Although variability exists in the reported incidence of VTE, surgeons should still be aware of the potential for this serious complication after shoulder arthroplasty. (Saleh, 2013) Available evidence suggests a low incidence, but the final decision to consider thromboprophylaxis rests with the operating surgeon. (Madhusudhan, 2013)." In this case, the patient is s/p right shoulder surgery. The treater has requested compression garments, which are not recommended per ODG as venous thrombosis is rare after shoulder arthrocopy. It is unlikely that there will be any period of immobility following the shoulder surgery. The treater does not provide an explanation for the request. The request IS NOT medically necessary.