

Case Number:	CM14-0216427		
Date Assigned:	01/06/2015	Date of Injury:	08/13/2012
Decision Date:	02/25/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/24/2014

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, Indiana, New York
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 (IW) is a 45-year-old man with a date of injury of August 13, 2012. The mechanism of injury occurred as he was lifting a case of water. The injured worker's working diagnoses are rotator cuff tear; impingement syndrome; and distal clavicle arthrosis. Pursuant to the progress note dated November 17, 2014, the IW complains of persistent right shoulder pain. There has been no change in his medical health status. There are no gastrointestinal, respiratory, or cardiovascular complaints. There has been no change in the past medical history since last exam on October 6, 2014. Examination of the right shoulder reveals decreased range of motion. Neer's test and Hawkins's tests are positive. The IW is pending authorization and scheduling for arthroscopic rotator cuff repair, acromioplasty, and distal clavicle resection for the right shoulder. Pending surgery, the IW will continue with self-directed exercises. The current request is for one purchase of deep vein thrombosis max and pneumatic compression wraps between 11/12/2014 and 1/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 purchase of deep vein thrombosis 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-Treatment for Workers' Compensation, Online Edition Chapter: 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 Section, Deep Vein Thrombosis

Decision rationale: Pursuant to the Official Disability Guidelines, purchase one deep vein thrombosis Max and pneumatic compression wrap (between 11/12/2014 and 1/8/2014) is not medically necessary. The guidelines recommend monitoring risk of perioperative thromboembolic complications in both acute and subacute periods for possible treatment and identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee and depends on the invasiveness of the surgery; the post operative immobilization; and the use of central venous catheters. In this case, the injured worker's working diagnoses are rotator cuff tear; impingement syndrome; and distal clavicle arthrosis. The documentation does not contain any significant risk factors for deep vein thrombosis. Deep vein thrombosis after arthroscopy is not common. The incidence of upper extremity DVT is much less than lower extremity DVT. There is no documentation indicating the worker is at risk for deep vein thrombosis. Consequently, absent clinical documentation with risk factors for the needs work or at risk for DVT, purchase one deep vein thrombosis Max and pneumatic compression wrap (between 11/12/2014 and 1/8/2014) is not medically necessary.