MAXIMUS Federal Services

Case Number:	CM15-0119672		
Date Assigned:	06/30/2015	Date of Injury:	05/31/2012
Decision Date:	07/29/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/22/2015

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, Oregon
Certification(s)/Specialty: Orthopedic Surgery

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 51 year old female, who sustained an industrial injury on 5/31/12. The injured worker was diagnosed as having bilateral shoulder impingement syndromes. Treatment to date has included left shoulder subacromial decompression, Mumford procedure, debridement of a superior labrum anterior and posterior tear, and debridement of a partial thickness supraspinatus and infraspinatus tendon tear on 6/3/15. Other treatment included physical therapy, a left shoulder Cortisone injection, and medication. Currently, the injured worker complains of left shoulder pain. The treating physician requested authorization for pre/post-operative transportation to appointments and a post-operative deep vein thrombosis compression home unit with bilateral calf sleeves for 30 days rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre/post operative transportation to appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.dchs.ca.gov/services/medical/Documents/ManCriteria_32_MedTrans.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Health Care Services.

Decision rationale: CA MTUS does not address transportation. The California Department of Health Care Services recommends transportation when physical condition contra-indicates transport by typical private or public conveyance (i.e. car, bus, trolley etc.). In this case, there is no documentation of a condition not amenable to public transportation. As such, the request is not medically necessary.

Post-operative DVT compression home unit with bilateral calf sleeve; thirty (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 (ODG), Shoulder Chapter, 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.

Decision rationale: CA MTUS/ACOEM is silent on compression garments for DVT prophylaxis. According to ODG, Shoulder section, Compression garments, "Not generally recommended in the shoulder. 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." In this case, there is no evidence of risk factor for DVT in the clinical records. Therefore, the request is not medically necessary.