

Case Number:	CM15-0126466		
Date Assigned:	07/13/2015	Date of Injury:	06/06/2013
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/30/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old female who sustained an industrial injury on 06/06/2013. Diagnoses include right shoulder sprain/strain, status post arthroscopy (10/7/13). Treatment to date has included medications, physical therapy, acupuncture, activity modification and home exercise program. According to the progress notes dated 4/22/15, the IW reported moderate to severe right shoulder pain, described as burning with weakness that awakened her frequently at night; burning pain increased with lifting, pushing, pulling and reaching. She rated her pain 7-8/10. Medications and home exercise improved the pain. MRA dated 6/19/14 showed a partial tear of the supraspinatus tendon with retraction and labrum tear. On examination, the right shoulder was tender to palpation over the subacromial region, acromioclavicular (AC) joint and the periscapular musculature, with spasms noted. Impingement and cross arm tests were positive. Drop arm test produced slight breakaway weakness and there was grade 4/5 muscle weakness in all planes. A request was made for post-operative Deep Vein Thrombosis compression home unit with bilateral calf sleeve, 30-day rental for use after anticipated right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Deep Vein Thrombosis compression home unit with bilateral calf sleeve, quantity 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

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

Decision rationale: Official Disability Guidelines (ODG), Shoulder Chapter, Venous Thrombosis Section states: "Recommend monitoring risk of perioperative thromboembolic complications in both the acute and sub acute postoperative periods for possible treatment, and identifying subjects who are at a 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: (1) invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk but arthroplasty would be higher risk); (2) the postoperative immobilization period; and (3) use of central venous catheters. Upper extremity deep vein thrombosis (UEDVT) may go undetected since the problem is generally asymptomatic. The incidence of UEDVT is much less than that of the lower extremity DVT possibly because: (a) fewer, smaller valves are present in the veins of the upper extremity; (b) bedridden patients generally have less cessation of arm movements as compared to leg movements; (c) less hydrostatic pressure in the arms; and (d) increased fibrinolytic activity that has been seen in the endothelium of the upper arm as compared to the lower arm. It is recommended to treat patients of asymptomatic mild UEDVT with anticoagulation alone and patients of severe or extensive UEDVT with motorized mechanical devices in conjunction with pharmacological thrombolysis, immediately beyond 10-14 days. Upper extremity DVT is much less studied compared to lower extremity DVT and the diagnostic and therapeutic modalities still have substantial areas that need to be studied. (Saseedharan, 2012) Although it is generally believed that venous, thromboembolism (VTE) after shoulder surgery is very rare, there are increasing reports of deep venous thrombosis (DVT) and pulmonary embolism (PE) associated with shoulder surgery. (Ojike, 2011) Deep vein thrombosis (DVT) has an incidence of 1 case per 1000 and it is very rare after arthroscopy of the shoulder. The administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. (Garofalo, 2010) On the other hand, the prevalence of DVT after reconstructive shoulder arthroplasty was 13%, compared to 27% after knee arthroplasty. (Willis, 2009)" Regarding the request for DVT machine for one month rental for post-op use after right shoulder surgery, California MTUS does not address the issue. ODG cites that the administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures, and there is also no documentation that is at a high risk of developing venous thrombosis such that prophylactic measures would require consideration. In light of the above issues, the currently requested DVT machine for one-month rental for post-op use after shoulder surgery is not medically necessary.