

<b>Case Number:</b>	CM15-0176663		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	04/26/2007
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, Oregon, Washington  
 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 57 year old female, who sustained an industrial injury on April 26, 2007. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder impingement, status post left shoulder decompression with acromioplasty, distal clavicle resection under anesthesia surgery to be performed August 26, 2015, with the injured worker medically restricted from driving. The Treating Physician's letter dated August 12, 2015, noted a higher risk of the injured worker developing a deep vein thrombosis (DVT) due to the type of surgery performed combined with other risk factors that include a history of hypertension, obesity, and respiratory condition. The injured worker was noted to have decreased ability and duration of ambulation following surgery, which would significantly increase the risk factors associated with DVT and pulmonary embolism (PE). The Physician requested a post-operative DVT compression home unit and pre and post-operative transportation to appointments for the injured worker. The Comprehensive Orthopedic Consultation dated April 27, 2015, noted the injured worker had "failed all attempts to aggressive conservative measures in the passage of time. She received a Cortisone injection without significant improvement of her left shoulder pain complaint". The injured worker was noted to be an excellent candidate for a left shoulder arthroscopic evaluation, arthroscopic subacromial decompression and distal clavicle resection, with three months recovery following surgery. The request for authorization dated August 12, 2015, requested pre-operative transportation to appointments, post-operative transportation to appointments, and post-operative DVT compression home unit with bilateral calf sleeve; thirty (30) day rental. The Utilization Review (UR) dated August 31, 2015, non-certified the requests for pre-operative transportation to appointments and post-operative transportation to appointments, and modified the request for post-operative DVT compression home unit with bilateral calf sleeve; thirty (30) day rental, to certify the DVT during the surgical procedure only.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Pre-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 Official Disability Guidelines (ODG), Knee and Leg Chapter, Transportation (to and from appointments)[http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria\\_32\\_MedTrans.htm](http://www.dhcs.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 Official Disability Guidelines (ODG) Knee and Leg Chapter, Transportation.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of transportation. According to the ODG, Knee and Leg Chapter, Transportation is recommended for patients with disabilities preventing them from self-transport. In this case, the exam note from 4/27/15 does not demonstrate evidence of functional impairment precluding self-transportation. Therefore, the request is not medically necessary.

### **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 Official Disability Guidelines (ODG), Knee and Leg Chapter, Transportation (to and from appointments)[http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria\\_32\\_MedTrans.htm](http://www.dhcs.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 Official Disability Guidelines (ODG) Knee and Leg Chapter, Transportation.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of transportation. According to the ODG, Knee and Leg Chapter, Transportation is recommended for patients with disabilities preventing them from self-transport. In this case, the exam note from 4/27/15 does not demonstrate evidence of functional impairment precluding self-transportation. Therefore, 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) knee and leg section, venous thrombosis.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of venous duplex. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." In this case, the exam notes from 4/27/15 do not justify a prior history or current risk of deep vein thrombosis to justify venous thromboembolic prophylaxis. Therefore, the request is not medically necessary.