MAXIMUS Federal Services

Case Number:	CM15-0025588		
Date Assigned:	02/18/2015	Date of Injury:	05/05/2011
Decision Date:	05/14/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/10/2015

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: Illinois, California, Texas
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 40-year-old female who sustained an industrial injury on 5/05/11. She was struck on the head, left side of her face, neck and shoulder area, and stomach while trying to redirect a violent customer. The 10/17/13 demonstrated multilevel cervical spine degenerative disc disease. The 3/23/12 electrodiagnostic study evidence cervical radiculopathy at C5/6 and right carpal tunnel syndrome. The 10/31/14 right shoulder MRI impression documented calcific tendonitis involving the right infraspinatus tendon, minimal degenerative changes of the right acromioclavicular (AC) joint and a mildly laterally downsloping orientation of the right acromion, and trace amount of fluid in the right subacromial subdeltoid bursitis, which may represent bursitis. The 11/6/14 treating physician report cited grade 7/10 bilateral shoulder pain with numbness and tingling in the front of the shoulders. Physical exam documented right shoulder range of motion barely 50%, with exquisite tenderness over the inferior portion of the AC joint and subacromion. She demonstrated positive Neer's, crossover impingement, Apley's, and Hawkin's tests with weakness in abduction. The treatment plan requested a right shoulder corticosteroid injection and physical therapy. The 12/9/14 treating physician report cited continued right shoulder pain at night and with activity. She had not improved with conservative treatment. Physical examination documented exquisite AC joint tenderness, anterolateral acromial tenderness, and subacromial bursal tenderness. There was increased pain with flexion, adduction and internal rotation. The diagnosis was right shoulder impingement syndrome, partial right rotator cuff tear, calcific tendinitis involving the infraspinatus tendon, downsloping acromion contributing to the impingement syndrome, and chronic subacromial/subdeltoid

bursitis. The treatment plan recommended right shoulder manipulation under anesthesia, arthroscopy to include distal clavicle resection, acromioplasty, extensive debridement of the subacromial bursa, possible lysis of adhesions, and intra-articular injection. Additional requests included medical clearance with labs, EKG, and pulmonary function tests, post-operative physical therapy 2x6, and durable medical equipment including shoulder abduction pillow brace, MicroCool machine, interferential unit, TENS unit, home exercise kit, and motorized compression pump with stockings for 30 days. Post-operative medications were requested to include Keflex, Ultram, and Norco. The injured worker was working full duty. The 1/13/15 utilization review non-certified the request for post-op DVT (deep vein thrombosis) compression pump with sleeves for 2 to 4 weeks as the associated surgical request was deemed not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative DVT compression pump with sleeves for two to four weeks: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Deep vein thrombosis (DVT); Venous Thrombosis.

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in upper extremity procedures. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request for DVT (deep vein thrombosis) prophylaxis is not medically necessary.