

Case Number:	CM15-0063635		
Date Assigned:	04/09/2015	Date of Injury:	03/08/2013
Decision Date:	05/13/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/03/2015

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

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 52-year-old male, who sustained an industrial injury on March 8, 2013. The injured worker had reported neck and bilateral shoulder pain. The diagnoses have included cervical spinal stenosis, disorders of bursa and tendons in shoulder region, pain in joint involving shoulder region, rotator cuff disease, right shoulder impingement syndrome and cervicgia. Treatment to date has included medications, radiological studies, cervical collar, physical therapy, a transcutaneous electrical nerve stimulation unit, injections, home exercise program, acupuncture therapy, cervical fusion and left shoulder surgery on February 18, 2015. Current documentation dated March 6, 2015 notes that the injured worker reported severe right shoulder pain. The injured worker was noted to be status post left shoulder surgery and reported left shoulder pain, which was controlled with medication. Examination of the left shoulder revealed a healing incision, sutures in place, mild swelling and a decreased range of motion. Right shoulder examination revealed tenderness and a decreased range of motion. A Neer's test and Hawkins's test were positive. The treating physician's plan of care included a request for deep vein thrombosis compression sleeves with a date of service February 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT COMPRESSION SLEEVES WITH DOS: 02/18/15 QTY 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter: DVT Prophylaxis.

Decision rationale: According to the 03/06/2015 report, this patient is "s/p left shoulder arthroscopic cuff debridement and DCE on 2/18/15." The current request is for DVT COMPRESSION SLEEVES WITH DOS: 02/18/15 QTY 2 but the treating physician's report and request for authorization containing the request is not included in the file. The patient's work status is "off work 2 month." The MTUS and ACOEM Guidelines do not address DVT Prophylaxis unit; however, ODG Guidelines do address DVT Prophylaxis unit. ODG state "Current evidence suggests it is needed for in patients undergoing many orthopedic-, general-, and cancer-surgery procedures and should be given for at least seven to 10 days. In addition, prolonged prophylaxis for four to five weeks also shows a net clinical benefit in high-risk patients and procedures." Based on the reports provided for review show no discussion of the patient is a high-risk patient of DVT or the patient is undergoing a high-risk procedure to warrant the use of the unit. In addition, the treating physician does not indicate the duration of the request. ODG guidelines support the use of DVT Prophylaxis unit up to 10 day. In this case, the medical necessity cannot be substantiated at this time; therefore, this request IS NOT medically necessary.