

Case Number:	CM15-0064980		
Date Assigned:	04/13/2015	Date of Injury:	03/14/2014
Decision Date:	05/14/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/06/2015

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 52-year-old female who sustained an industrial injury on 3/14/14. Injury was reported relative to her work duties as a baker/cake decorator. Past medical history was positive for high cholesterol. There were no known medication allergies. The 4/4/14 right shoulder MRI revealed a focal full thickness tear in the distal supraspinatus tendon. She underwent right shoulder arthroscopy with rotator cuff repair on 8/25/14. The 3/9/15 treating physician report cited continued symptoms of rotator cuff pain and weakness with clinical exam findings of significant adhesive capsulitis. The clinical diagnosis was right shoulder adhesive capsulitis, possible recurrent rotator cuff tear, and underlying acromioclavicular (AC) joint arthritis. The treatment plan requested diagnostic shoulder arthroscopy with capsular release and manipulation. Additional requests included pre-operative clearance and testing, post-op physical therapy, cold therapy unit, and segmental gradient pressure pneumatic appliance, half leg. The 3/20/15 utilization review certified the requests for right shoulder arthroscopy, capsular release and manipulation, medical clearance to include EMG, complete blood count, prothrombin time, and comprehensive metabolic panel, post-op physical therapy 2x6, and 7-day rental of a cryotherapy unit. The request for segmental gradient pressure pneumatic appliance, half leg was non-certified as there was no documentation that the injured worker was at increased risk for venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Segmental gradient pressure pneumatic half leg: 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: 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 pneumatic prophylaxis. Therefore, this request is not medically necessary.