

Case Number:	CM15-0067252		
Date Assigned:	04/14/2015	Date of Injury:	07/01/2011
Decision Date:	05/14/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/08/2015

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: Maryland

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

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 59-year-old female patient who sustained an industrial injury on 07/01/2011. A primary treating office visit dated 03/24/2015 reported the patient with subjective complaint of bilateral knee pain, bilateral shoulder pain, bilateral ankle pain, and cervical spine pain. Current treatment to include: acupuncture therapy, physical therapy and oral analgesia. The following diagnoses are applied: cervical spine symptomology with headaches; bilateral shoulder strain and impingement; lumbar spine sprain rule out bilateral radiculitis; right hip strain, bilateral knee strain, bilateral ankle strain and bilateral metatarsalgia. Recommending left ankle magnetic resonance imaging, and consultations form orhtopod, pain management and podiatry.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Mac and Pneumatic (Purchase): 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) Online Treatment of Shoulder Condition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-compression garments.

Decision rationale: DVT Mac and Pneumatic (Purchase) are not medically necessary per the ODG. The MTUS Guidelines do not address this issue. The ODG states that compression therapy is not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. The documentation indicates that the request is for post left shoulder arthroscopy with rotator cuff repair and acromioplasty and distal clavicle excision, which was certified. The documentation does not indicate that the patient has extenuating risk factors or hypercoaguable state that would necessitate a DVT Mac and Pneumatic purchase therefore this request is not medically necessary.