

Case Number:	CM15-0075627		
Date Assigned:	04/27/2015	Date of Injury:	01/13/2013
Decision Date:	05/22/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/21/2015

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 48-year-old female, who sustained an industrial injury on January 13, 2013. The injured worker has been treated for neck, back and left shoulder complaints. The diagnoses have included adhesive capsulitis of the shoulder, cervical spine strain, thoracic spine strain, strain of the lumbosacral spine, persistent symptomatic left shoulder subacromial impingement syndrome and distal clavicle arthrosis. Treatment to date has included medications, radiological studies, acupuncture treatments, physical therapy, cortisone injections and a home exercise program. Current documentation dated February 18, 2015 notes that the injured worker reported persistent left shoulder pain. Physical examination of the left shoulder revealed tenderness and a decreased range of motion. Special orthopedic testing of the left shoulder showed a positive Neer's impingement test, Hawkins's impingement test and Jobe test. The treating physician's plan of care included a request for the purchase of a deep vein thrombosis max unit and pneumatic compression wraps.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of a Deep Vein Thrombosis Max Unit and Pneumatic Compression Wraps:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder compression therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Venous Thrombosis, pages 356-358.

Decision rationale: The DVT Pneumatic system delivers pneumatic compression via calf wraps aiding venous return. During the weeks following surgery, mobility is an issue, making the vascultherm unit necessary in preventing any risk of DVT developing while being immobile for multiple hours at a time. Per manufacturer, the device provides DVT prophylaxis for post-operative orthopedic patients. The provider does not identify specific risk factors for DVT prophylaxis. Per Guidelines, although DVT prophylaxis is recommended to prevent venothromboembolism (VTE) for patient undergoing knee or hip arthroplasty, it is silent on its use for shoulder arthroscopic SAD surgery. Some identified risk factors identified include lower limb surgeries, use of hormone replacement therapy or oral contraceptives, and obesity, none of which apply in this case. Submitted reports have not demonstrated factors meeting criteria especially rehabilitation to include mobility and exercise are recommended post-surgical procedures as a functional restoration approach towards active recovery. Submitted reports have not adequately demonstrated indication, clinical findings, post-operative complications, or co-morbidities to support the system beyond guidelines criteria. The 1 Purchase of a Deep Vein Thrombosis Max Unit and Pneumatic Compression Wraps is not medically necessary and appropriate.