

Case Number:	CM14-0000054		
Date Assigned:	01/10/2014	Date of Injury:	10/07/2010
Decision Date:	10/07/2015	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/31/2013

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, Oregon, Washington
 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 53 year old female, who sustained an industrial injury on 10-7-10. The documentation noted on 12-9-13 the injured worker has complaints of left shoulder pain and is scheduled for surgery on 12-11-13 for decompression of the nerve. The injured worker reports neck pain, low back pain, bilateral wrist pain, bilateral elbow and right shoulder pain. Cervical spine examination on 12-11-13 revealed muscle spasm and guarding of the cervical paraspinal musculature and range of motion is decreased with pain. Left shoulder examination noted there was tenderness of the left shoulder at the acromioclavicular joint and supraspinatus tendon and range of motion is painful. Electromyography/nerve conduction velocity study on 9-19-13 was consistent with C5 radiculopathy of upper cord plexopathy and also left carpal tunnel syndrome; the ultrasound of the left brachial plexus demonstrates severe fibrosis of the scalenus anterior muscle. The electrodiagnostic studies of the left upper extremities on 6-18-13 demonstrated chronic and ongoing denervation changes by electromyography of the left C5 myotome consistent with C5 cervical radiculopathy or upper cord plexopathy. The diagnoses have included left shoulder impingement syndrome; cervicothoracic spine strain and lumbar spine strain. Treatment to date has included status post decompression of the left brachial plexus and the left median nerve in the left wrist on 12-11-13; bilateral wrist splints and Tylenol #3. The original utilization review (12-20-13) partially approved a request for vascultherm unit with DVT (deep-vein thrombosis) prophylaxis (original request for #150) to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm unit with DVT (deep-vein thrombosis) prophylaxis: 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 section, Compression garments.

Decision rationale: CA MTUS/ACOEM is silent on compression garments for DVT prophylaxis. According to ODG, Shoulder section, Compression garments are 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. In this case there is no evidence of risk factor for DVT in the clinical records provided. Therefore the request is not medically necessary. CA MTUS/ACOEM is silent on the issue of cold compression therapy. According to the ODG, Cold compression therapy, it is not recommended in the shoulder as there are no published studies. It may be an option for other body parts such as the knee although randomized controlled trials have yet to demonstrate efficacy. As the guidelines do not recommend the requested DME, the request is not medically necessary.