

<b>Case Number:</b>	CM13-0026761		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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. The expert reviewer is Board Certified in Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 43-year-old male who reported an injury on 06/17/2011. The mechanism of injury was noted to be a gunshot wound to the left scapula. He was diagnosed with left shoulder impingement. His symptoms are noted to include left shoulder pain, sleeplessness related to pain, and numbness/tingling in the left upper extremity in an ulnar distribution. His physical examination findings include moderate tenderness in the bicipital groove and slightly less in the AC joint and lateral acromion, and decreased range of motion in abduction to 100 degrees. His previous treatments were noted to include medications, physical therapy, and a subacromial injection which provided relief to 2 days. A recommendation was made for left shoulder arthroscopic decompression. The most recent progress report provided, dated 09/23/2013, indicated that the surgery was not approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VASCUTHERM INTERMITTENT PNEUMATIC COMPRESSION DEVICE (PCD) FOR PORTAL VEIN THROMBOSIS (PVT) , FOR LEFT SHOULDER.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER, VENOUS THROMBOSIS.

**Decision rationale:** According to the Official Disability Guidelines, the risk of a venous thrombosis during shoulder surgery depends on the invasiveness of the surgery, the postoperative immobilization period, and use of central venous catheters. It further states that uncomplicated shoulder arthroscopy would be low risk. The clinical information submitted for review indicated that the patient was recommended to undergo arthroscopic subacromial decompression of the left shoulder. The clinical information failed to provide a rationale for the patient's need for a vasotherm intermittent pneumatic compression device for portal thrombosis. As the ODG indicate that arthroscopic surgery would be low risk for venous thrombosis, the documentation failed to provide details regarding the patient's need for a PCD, and as the requested surgery was noted within the clinical notes to be non-certified, the request is not supported at this time. As such, the request is non-certified.