

<b>Case Number:</b>	CM13-0027186		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	02/26/2012
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Orthopedic Surgery and is licensed to practice in California. 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 claimant is a 59-year-old female who was injured a work-related accident February 26, 2012. The records indicate the need for operative intervention in regard to the claimant's left shoulder. The specific clinical request in this case is for use of deep venous thrombosis (DVT) compression devices following the surgical procedure. Review of clinical records fails to demonstrate a significant history of venothrombotic issue. It is unclear as to date of surgical process or time frame for which devices were to be utilized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **DEEP VEIN THROMBOSIS MAX AND PNEUMATIC COMPRESSION WRAPS (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), Knee Chapter for Deep Vein Thrombosis (DVT)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013, Updates: knee procedure.

**Decision rationale:** Based on Official Disability Guideline criteria, as California MTUS guidelines do not specifically address, deep venous thrombosis compression devices in this case would not have been supported. The records indicate that the claimant wants to have an outpatient shoulder arthroscopy procedure with no indication of significant risk factor for lower extremity deep venous thrombosis. The absence of the above documentation would fail to necessitate the role of these compression devices for purchase in the postoperative setting. The specific request in this case would not be indicated.