

<b>Case Number:</b>	CM13-0027437		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	11/03/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	08/23/2013
<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, Texas, Oklahoma, and Tennessee. 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 injured worker is a 46-year-old female who sustained an injury to her right upper extremity on 11/03/12 while assisting a resident with cleaning their feet. The injured worker turned around, slipped and fell, landing on her right side. She felt immediate pain in the right shoulder, neck and back. She presented to the clinic and plain radiographs of the right shoulder and cervical spine were taken. The injured worker was given an injection for pain relief and oral medications. She was placed on modified work restrictions. An MRI was obtained in February of 2013 that revealed a torn tendon requiring surgical repair. Initial orthopedic consultation report and request for authorization of surgery dated 07/01/13 reported that the injured worker continued to complain of right shoulder pain, stiffness and lack of range of motion. She reported no surgeries, traffic accidents, falls or any other traumatic injuries. Physical examination noted range of motion demonstrated external rotation only about 20, passive range of motion 30, elevation 90, abduction 90; some evidence of underlying adhesive capsulitis secondary to not moving shoulder; drop arm test positive; strength 3/5 with external rotation and abduction; neurovascularly intact.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PNEUMATIC COMPRESSION WRAPS # 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Official Disability Guidelines (ODG) states that compression garments are not generally recommended in the shoulder. Venous thrombosis and pulmonary embolism 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. Pneumatic compression wraps and DVT Max were not discussed in the treatment plan, nor in the submitted documentation provided for review. There was no information provided that would indicate that the injured worker is at risk for deep vein embolism. Given the clinical documentation submitted for review, medical necessity of the request for pneumatic compression wraps times one has not been established. The request for pneumatic compression wraps times one is not medically necessary.

**DVT MAX #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Official Disability Guidelines (ODG) states that compression garments are not generally recommended in the shoulder. Venous thrombosis and pulmonary embolism 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. Pneumatic compression wraps and DVT Max were not discussed in the treatment plan, nor in the submitted documentation provided for review. There was no information provided that would indicate that the injured worker is at risk for deep vein embolism. Given the clinical documentation submitted for review, medical necessity of the request for DVT Max times one has not been established. The request for DVT Max times one is not medically necessary.