

<b>Case Number:</b>	CM13-0047778		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	10/27/2012
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of October 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; left shoulder subacromial decompression and chondroplasty surgery on August 16, 2013; and postoperative provision of a DVT prophylaxis device. In a utilization review report of October 23, 2013, the claims administrator retrospectively denied a request for DVT intermittent compression device. The applicant's attorney subsequently appealed. In an operative report of August 16, 2013, the applicant underwent a left shoulder arthroscopy, limited glenohumeral synovectomy, humeral head chondroplasty, and subacromial decompression procedure. Multiple handwritten progress notes, including those of July 15, 2013, were notable for comments that the applicant was now working with a rather proscriptive 10-pound lifting limitation in place. The applicant was on various analgesic medications, including tramadol, which reportedly caused him GI discomfort. In an orthopedic consultation of April 9, 2013, the applicant was described as having a past medical history notable for hypertension and anxiety. The applicant's medical list included Zestril, Motrin, Xanax, and tramadol at that point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT INTERMITTENT COMPRESSION DEVICE:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.biomedcentral.com/1471-2474/11/65](http://www.biomedcentral.com/1471-2474/11/65).

**Decision rationale:** The MTUS does not address the topic. As noted in the review article on deep venous thromboembolism after arthroscopy of the shoulder, DVT has an incidence of one case per 1000 in the general population and is very rare after an arthroscopy of the shoulder. The current guidelines do not advise administration of DVT prophylaxis and shoulder arthroscopy procedures in the absence of risk factors, such as concomitant neoplasm, thrombophilia, smoking habits, or long duration of procedure. In this case, the attending provider did not proffer any applicant specific rationale, commentary, or narrative so as to try and offset the unfavorable guideline recommendation. There was no mention of any issues with smoking, neoplasm, a history of coagulopathy, etc., which might compel a variance from the guidelines. Accordingly, the request is not medically necessary.