

<b>Case Number:</b>	CM13-0055511		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/13/2011
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 November 13, 2011. The mechanism of injury was not submitted. The patient has a history of right shoulder arthroscopy, subacromial decompression, extension glenohumeral debridement, and biceps tendinosis along with status/post right shoulder surgery with revision subacromial decompression, extensive synovectomy, and debridement of biceps tenodesis. The patient was seen for a follow-up orthopedic appointment and reported that he was in even more pain than after the first surgery. The physical examination dated August 08, 2013 stated that the patient's wounds were healing. The patient had limited motion secondary to pain anteriorly. The treatment plan stated that the patient was to begin physical therapy. The patient was to return to be seen for a follow-up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for a one (1) day rental of a Deep Vein Thrombosis (DVT) intermittent compression device on August 01, 2013: 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), ODG-TWC, ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter, Compression Garments.

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

**Decision rationale:** The California MTUS/ACOEM guidelines do not address the request. The Official Disability Guidelines state compression garments are not generally recommended in the shoulder. Deep vein thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery, but they are rare following upper extremity surgery, especially shoulder arthroscopy. The patient underwent right shoulder arthroscopy and revision surgery. However, the clinical documentation submitted for review does not show the patient was at risk for DVTs due to previous medical history, nor was there an indication that the patient was immobilized. In addition, the guidelines do not recommend compression garments for the shoulder. Given the lack of documentation to support guideline criteria, the request is non-certified.