

<b>Case Number:</b>	CM13-0068071		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 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:

This is a 67-year-old female who suffered an injury to her right shoulder when she fell out of a chair at work on 04/17/13. The records reflect that she has been diagnosed with a rotator cuff tear, for which she has been recommended to consider surgery. The records reflect that she has failed a reasonable course of conservative care and has imaging studies that support the planned surgery. The purpose of his review is to determine the medically necessity of a "DVT unit."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Deep vein thrombosis unit:** 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:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The records in this particular case fail to document that this patient has a substantially increased risk of DVT. Upper extremity DVTs are historically less common than those in the lower extremities. In the absence of increased risk of DVT in this patient and/or procedure that would place them at a substantially increased risk beyond the routine risks

encountered for upper extremity surgery, the request for DVT unit would not be considered reasonable and medical necessary in this setting.