

<b>Case Number:</b>	CM13-0068762		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/24/2011
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 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 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:

According to the records made available for review, this is a 36-year-old male with a October 24, 2014 date of injury; and left shoulder arthroscopy, debridement, decompression, Mumford procedure, and rotator cuff repair on October 01, 2013. At the time of request for authorization for retrospective Deep Vein Thrombosis (DVT) intermittent compression device for the left shoulder (DOS: October 01, 2013), there is documentation of subjective (left shoulder pain) and objective (decreased left shoulder range of motion) findings, current diagnoses (left shoulder impingement status post open decompression), and treatment to date (physical therapy and medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**retrospective request for a Deep Vein Thrombosis (DVT) Intermittent Compression Device for the left shoulder (DOS: 10/01/2013): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter

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

**Decision rationale:** The California MTUS Guidelines do not address this issue. The ODG identifies that compression therapy is not recommended in the shoulder. Therefore, based on guidelines and a review of the evidence, the retrospective request for a DVT Intermittent Compression Device for the left shoulder (DOS: 10/01/2013) is not medically necessary.