

<b>Case Number:</b>	CM14-0103232		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### **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:

The patient is a 62-year-old female injured in work-related accident on November 1, 2012. The records available for review document an injury to the left shoulder, for which the claimant underwent an August 29, 2013, left shoulder arthroscopy, synovectomy, labral debridement, subacromial decompression and rotator cuff repair. Relative to the surgery, this request is for postoperative use of a Q-TECH DVT prevention system for an unspecified duration.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Q-Tech DVT Prevention system (shoulder):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Shoulder/Compression garments.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS and on the Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Venous thrombosis

**Decision rationale:** California MTUS Guidelines do not provide criteria relative to this request.

Based on Official Disability Guidelines criteria, a DVT prevention system for the shoulder would not be indicated. The claimant's records do not reference a significant risk factor or underlying comorbidity that would indicate a high risk for venothrombolytic event following outpatient shoulder arthroscopy. This request would therefore not be supported as medically necessary.