

<b>Case Number:</b>	CM14-0106153		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/25/2014
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 56 year old male with an injury date of 01/25/14. The 06/23/14 report by Dr. Park states that the patient presents for right shoulder pain and a preoperative visit for right shoulder arthroscopic surgery. He is on temporary total disability. Examination reveals positive impingement syndrome and positive Hawkins test. There is tenderness to the greater tuberosity. The patient's diagnosis is: 1. Right shoulder partial rotator cuff tear. The 06/26/14 postoperative right shoulder arthroscopic diagnoses include: 1. Partial bicep tendon tear less than 20%. 2. Superior degenerative labral tear. 3. Synovitis/Bursitis. The utilization review date being challenged is dated 07/02/14. Treatment reports were provided from 02/07/14 to 07/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT Calf Cuffs and Pump 1x Purchase-Home Use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 2; shoulder disorders.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Shoulder section (Acute & Chronic) Not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism

events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery."

**Decision rationale:** The patient presents with right shoulder pain status post right shoulder arthroscopic (06/26/14). The treater requests for Deep Vein Thrombosis calf cuffs and pump to purchase-home use X. 1. ODG guidelines, Shoulder section (Acute and Chronic) state the following, "Not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery." The request therefore is not medically necessary.