

<b>Case Number:</b>	CM14-0016960		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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:

This 56-year-old sustained an industrial injury on November 2, 2012, Injury occurred when a door fell over his head. Past medical history was positive for diabetes and hypertension. He was diagnosed with a massive left rotator cuff repair. He underwent left shoulder arthroscopic rotator cuff repair, biceps tenodesis, Mumford procedure, subacromial decompression, acromioplasty, and extensive debridement on October 29, 2013. Retrospective authorization for an intermittent compression device for DVT (deep vein thrombosis) prophylaxis was submitted. The February 6, 2014 utilization review denied the request for intermittent UMB compression device (DVT pump) as the medical necessity of this device was not apparent. There was no documentation of increased DVT risk factors and the arthroscopic shoulder surgery was not prolonged with post-operative immobilization of the lower limbs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intermittent UMB compression device (DVT PUMP), post-operative for the left 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.

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

**Decision rationale:** The California Medical Treatment Utilization Section (MTUS) guidelines are silent with regard to the requested item and DVT (deep vein thrombosis) prophylaxis. The Official Disability Guidelines (ODG) recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. There is no evidence that this patient is at moderate to high risk for venous thromboembolism or, if risk factors exist, that pharmacologic therapy is contraindicated or compression stockings insufficient. Therefore, the request for intermittent UMB compression device (DVT PUMP), post-operative for the left shoulder, is not medically necessary.