

<b>Case Number:</b>	CM14-0112547		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/11/2008
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 61 year old male who reported an injury on 02/11/2008. The mechanism of injury was not provided. His diagnoses were listed as right shoulder impingement and ac joint pain. The past treatment was medication. There were no diagnostic studies noted. The surgical history include a surgery to the right shoulder performed on 01/21/2014 that included a full-thickness repair of the rotator cuff, labral debridement, and subacromial decompression. During the preoperative visit on 01/08/2014, the injured worker had no subjective complaints. He was noted with positive impingement to empty can testing on the right. The medications were noted as bactrim prophalactically, norco 10/325 mg, and motrin 800 mg. The treatment plan was a right shoulder arthroscopy for subacromial and ac joint decompression, rotator cuff debridement, and possible labral repair. The request was for segmental pneumatic appliance and pneumatic compression seg w/caliber. The rationale was for deep vein thrombosis prophylaxis. The request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Segmental Pneumatic Appliance and Pneumatic Compression Seg w/caliber (date of service from 01/21/2014 to 01/21/2014) for deep vein thrombosis (DVT) prophylaxis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Shoulder (Acute & Chronic)

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

**Decision rationale:** The Official Disability Guidelines may recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee and depends on the invasiveness of the surgery, the postoperative immobilization period, and the use of central venous catheters. The incidence of upper extremity deep vein thrombosis is much less than that of the lower extremity deep vein thrombosis possibly because of fewer, smaller valves are present in the veins of the upper extremity, the bedridden patients generally have less cessation of arm movements as compared to leg movements, there is less hydrostatic pressure in the arms, & increased fibrinolytic activity that has been seen in the endothelium of the upper arm as compared to the lower arm. It is recommended to treat patients of asymptomatic mild upper extremity deep vein thrombosis with anticoagulation alone. Upper extremity DVT is much less studied compared to lower extremity DVT and the diagnostic and therapeutic modalities still have substantial areas that need to be studied. The injured worker did not have documentation with evidence that he would be at increased risk for deep vein thrombosis during his preoperative visit. He was not noted to be using anticoagulation therapy. The operative report did not indicate risk for deep vein thrombosis. In the absence of documentation with evidence of increased risk for deep vein thrombosis or use of an anticoagulant the request is not supported. Therefore, the request for Retrospective Segmental Pneumatic Appliance and Pneumatic Compression Seg w/Caliber (date of service from 01/21/2014-01/21/2014) for Deep Vein Thrombosis Prophylaxis is not medically necessary.