

<b>Case Number:</b>	CM14-0112877		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/10/2014
<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 Orthopaedic 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 52-year-old female food server sustained an industrial injury on 10/5/12. Injury occurred when the patient was pushing a salad cart into a walk-in freezer and she heard and felt a pop in her right shoulder with abrupt onset of pain. The patient was noted to be a smoker, one pack per day. Past medical history was positive for anxiety. The patient was status post right shoulder rotator cuff repair on 4/30/14. She underwent left shoulder arthroscopy with rotator cuff repair, extensive debridement, and acromioplasty on 4/2/14. Records indicate that a DVT (deep vein thrombosis) intermittent pneumatic compression device was used on the day for surgery. The 7/10/14 utilization review denied the request for the pressure pneumatic half leg appliance and intermittent limb compression device as there was no evidence based medical guidelines support for use of deep vein thrombosis prophylaxis in shoulder arthroscopy procedures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 1 segmental gradient pressure pneumatic appliance, half leg (Date of Service: 04/02/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 57, 61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Knee Chapters.

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

**Decision rationale:** The California MTUS guidelines are silent with regard to the requested item and DVT prophylaxis. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in shoulder arthroscopic procedures. Guideline criteria have not been met. There were no significantly increased DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this retrospective request for one segmental gradient pressure pneumatic appliance, half leg (date of service: 04/2/14) is not medically necessary.

**Retrospective request for 1 intermittent limb compression device (including all accessories) (Date of Service 04/02/2014):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 57, 61, & 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Knee Chapters.

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

**Decision rationale:** The California MTUS guidelines are silent with regard to the requested item and DVT prophylaxis. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in shoulder arthroscopic procedures. Guideline criteria have not been met. There were no significantly increased DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this retrospective request for one intermittent limb compression device (including all accessories) (date of service 04/2/14) is not medically necessary.