

<b>Case Number:</b>	CM14-0133443		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Occupational Medicine 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 is a 38-year-old male with a 5/1/13 date of injury; when he injured his cervical spine, right shoulder and right upper extremity due to cumulative trauma while working as a fish cutter. The patient underwent right shoulder arthroscopic rotator cuff repair on 11/13/13 and 7/16/14. The patient was seen on 8/21/14 with complaints of continuous sharp pain in the right shoulder and right elbow with numbness in the right digits. The patient was using immobilizer and sling for his shoulder. Exam findings revealed positive tenderness to palpation in the right shoulder and biceps and very guarded passive motion in the elbow and shoulder. The patient was using Norco for his pain. The diagnosis is right shoulder pain and status post rotator cuff repair surgery. Treatment to date: work restrictions and medications. An adverse determination was received on 7/22/14 given that the guidelines only recommended pneumatic compression devices with orthopedics surgeries of the hip, knee, or lower extremity and that there were no guidelines for this device for a shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Pneumatic intermittent compression device between 6/16/2014 and 9/1/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jobin S, Kalliainen L, Adebayo L, Agarwal Z, Card R, Christie B, Haland T, Hartmark M, Johnson P, Kang M, Lindvall B, Mohsin S, Morton

C. Venous Thromboembolism prophylaxis. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Nov.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Compression garments

**Decision rationale:** CA MTUS does not specifically address this issue. ODG states that compression garments are recommended and are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT); and at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. Although the patient underwent the right shoulder surgery, there is a lack of documentation indicating that he had risk of DVT and that a pneumatic intermittent compression device was necessary. Therefore, the request for Pneumatic intermittent compression device was not medically necessary.