

<b>Case Number:</b>	CM14-0025689		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 15, 2011. Thus far, the applicant has been treated with the following: Shoulder arthroscopy of November 26, 2013; stellate ganglion block; and postoperative cryotherapy. In a Utilization Review report dated February 5, 2014, the claims administrator denied a request for a 30-day intermittent limb compression device with DVT prevention rental and associated setup fee. The claims administrator, it is incidentally noted, cited a variety of non-MTUS Guidelines, including the now-renumbered, now-outdated MTUS. The applicant's attorney subsequently appealed. In a progress note dated January 17, 2014, the applicant was described as having persistent complaints of mid back pain, low back pain, neck pain, shoulder pain, 9/10. The applicant had had completed 11 sessions of postoperative physical therapy following a recent shoulder surgery, it was stated. The applicant was using Flexeril, Norco, Voltaren, Naprosyn, and Percocet, it was stated. The applicant did not seemingly have any co morbid medical conditions. In a consultation of January 7, 2014, the applicant specifically stated that he did not smoke.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERMITTENT LIMB COMPRESSION DEVICE W/ DVT PREVENTION X30 DAYS RENTAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines-TWC.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.biomedcentral.com/1471-2474/11/65> Deep vein thromboembolism after arthroscopy of the shoulder: two case reports and a review of the literature Raffaele Garofalo<sup>1</sup>, Angela Notarnicola<sup>2</sup>, Lorenzo Moretti<sup>2</sup>, Biagio Moretti<sup>2,3</sup>, Stefania Marini<sup>4</sup> and Alessandro Castagna<sup>5</sup>-Corresponding author: Angela Notarnicola [angelanotarnicola@yahoo.it](mailto:angelanotarnicola@yahoo.it) Author Affiliations<sup>1</sup>Orthopaedic and Traumatology Unit, F. Miulli Hospital, Acquaviva delle Fonti, Bari, Italy<sup>2</sup>Department of Clinical Methodology and Surgical Techniques, University of Bari, Bari, Italy<sup>3</sup>President of Course of Motor and Sports Sciences, Faculty of Medicine and Surgery of University of Bari, Bari, Italy<sup>4</sup>Radiology Unit, F. Miulli Hospital, Acquaviva delle Fonti, Bari, Italy<sup>5</sup>Shoulder and elbow unit IRCCS Humanitas Institute Milano, Milano, Italy For all author emails, please log on. BMC Musculoskeletal Disorders 2010, 11:65 doi:10.1186/1471-2474-11-65 The electronic version of this article is the complete one and can be found online at: <http://www.biomedcentral.com/1471-2474/11/65> Received: 15 October 2009 Accepted: 8 April 2010 Published: 8 April 2010 2010 Garofalo et al; licensee BioMed Central Ltd. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. Abstract Background Deep vein thrombosis (DVT) has an incidence of 1 case per 1000 inhabitants in the general population and it is very rare after arthroscopy of the shoulder. Therefore, the current guidelines do not advise the administration of DVT prophylaxis in shoulder arthroscopy procedures.

**Decision rationale:** The MTUS does not address the topic. As noted in the review article entitled deep venous thromboembolism after arthroscopy of the shoulder, DVT has an incidence of approximately 1 in 1000 in the general population and is "very rare" after shoulder arthroscopy. The current guidelines do not, thus, endorse routine administration of DVT prophylaxis in shoulder arthroscopy procedures. In this case, there was no evidence to support the proposition that the applicant was a higher risk candidate following a shoulder surgery. There was no evidence of smoking, immobility, prolonged duration of procedure, history of previous DVT, history of neoplasm, etc. which would have predisposed the applicant toward development of a DVT and offset the unfavorable guideline recommendation. Therefore, the request is not medically necessary.

**SHOULDER PAD FOR UNIT PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines-TWC.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Deep vein thromboembolism after arthroscopy of the shoulder: two case reports and a review of the literature Raffaele Garofalo<sup>1</sup>, Angela Notarnicola<sup>2</sup>, Lorenzo Moretti<sup>2</sup>, Biagio Moretti<sup>2,3</sup>, Stefania Marini<sup>4</sup> and Alessandro Castagna<sup>5</sup>-Corresponding author: Angela Notarnicola [angelanotarnicola@yahoo.it](mailto:angelanotarnicola@yahoo.it) Author Affiliations <sup>1</sup>Orthopaedic and Traumatology Unit, F. Miulli Hospital, Acquaviva delle Fonti, Bari, Italy <sup>2</sup>Department of Clinical Methodology and Surgical Techniques, University of Bari, Bari, Italy <sup>3</sup>President of Course of Motor and Sports Sciences, Faculty of Medicine and Surgery of University of Bari, Bari, Italy <sup>4</sup>Radiology Unit, F. Miulli Hospital, Acquaviva delle Fonti, Bari, Italy <sup>5</sup>Shoulder and elbow unit IRCCS Humanitas Institute Milano, Milano, Italy For all author emails, please log on. BMC Musculoskeletal Disorders 2010, 11:65 doi:10.1186/1471-2474-11-65 The electronic version of this article is the complete one and can be found online at: <http://www.biomedcentral.com/1471-2474/11/65> Received: 15 October 2009 Accepted: 8 April 2010 Published: 8 April 2010 Garofalo et al; licensee BioMed Central Ltd. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. Abstract Background Deep vein thrombosis (DVT) has an incidence of 1 case per 1000 inhabitants in the general population and it is very rare after arthroscopy of the shoulder. Therefore, the current guidelines do not advise the administration of DVT prophylaxis in shoulder arthroscopy procedures.

**Decision rationale:** This is a derivative request, associated with the earlier DVT prophylaxis device. Since that request was deemed not medically necessary, the derivative request for a shoulder pad for unit purchase is likewise not medically necessary.

**DELIVERY, SET UP AND TRAINING FEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines-TWC.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence: <http://www.biomedcentral.com/1471-2474/11/65> Deep vein thromboembolism after arthroscopy of the shoulder: two case reports and a review of the literature Raffaele Garofalo<sup>1</sup>, Angela Notarnicola<sup>2</sup>, Lorenzo Moretti<sup>2</sup>, Biagio Moretti<sup>2,3</sup>, Stefania Marini<sup>4</sup> and Alessandro Castagna<sup>5</sup>-Corresponding author: Angela Notarnicola [angelanotarnicola@yahoo.it](mailto:angelanotarnicola@yahoo.it) Author Affiliations <sup>1</sup>Orthopaedic and Traumatology Unit, F. Miulli Hospital, Acquaviva delle Fonti, Bari, Italy <sup>2</sup>Department of Clinical Methodology and Surgical Techniques, University of Bari, Bari, Italy <sup>3</sup>President of Course of Motor and Sports Sciences, Faculty of Medicine and Surgery of University of Bari, Bari, Italy <sup>4</sup>Radiology Unit, F. Miulli Hospital, Acquaviva delle Fonti, Bari, Italy <sup>5</sup>Shoulder and elbow unit IRCCS Humanitas Institute Milano, Milano, Italy For all author emails, please log on. BMC Musculoskeletal Disorders 2010, 11:65 doi:10.1186/1471-2474-11-65 The electronic version of this article is the complete one and can be found online at: <http://www.biomedcentral.com/1471-2474/11/65> Received: 15 October 2009 Accepted: 8 April 2010 Published: 8 April 2010 © 2010 Garofalo et al; licensee BioMed

Central Ltd. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. Abstract Background Deep vein thrombosis (DVT) has an incidence of 1 case per 1000 inhabitants in the general population and it is very rare after arthroscopy of the shoulder. Therefore, the current guidelines do not advise the administration of DVT prophylaxis in shoulder arthroscopy procedures.

**Decision rationale:** Again, this is a derivative request, one which accompanied the request for rental of the DVT prevention device. Since that request is deemed not medically necessary, the derivative request for delivery, setup, and training fee are also not medically necessary.