

<b>Case Number:</b>	CM14-0029404		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 63-year-old female who reported an injury on 01/12/12 regarding her right shoulder. Clinical note dated 03/10/13 indicated the injured worker undergoing computed tomography (CT) myelogram of the cervical MRI of the cervical spine which revealed a 4-5 millimeter disc protrusion with mild to moderate central cord compression at C4-5. Clinical note dated 09/30/13 indicated the injured worker complaining of neck pain radiating into the upper extremities. Sensation was decreased at right C5 and C6 dermatomes. Tenderness was identified at the basal joint of the right thumb. The injured worker underwent right sided shoulder arthroscopic subacromial decompression in 06/13. The Utilization Review dated 02/07/14 resulted in a denial for VenaFlow compression pumps with VenaFlow wraps as no information was submitted regarding risk for venous thrombosis or ongoing use of oral prophylaxis, use of compression garments, or use of Thrombo Embolism Deterrent (TED) stockings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Venaflow compression pump w/ DVT prophylaxis,rental- DOS 6/26/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Knee and Leg Procedure Summary.

**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, Venous thrombosis.

**Decision rationale:** The request for VenaFlow compression pump with Deep Vein Thrombosis prophylaxis on 06/26/13 is not medically necessary. Clinical documentation indicates the injured worker complaining of right shoulder and neck pain. The use of a compression pump is indicated for patients who have demonstrated potential risk for deep vein thrombosis. No information was submitted regarding potential for venous thrombosis or prophylactic use of pharmacologic interventions, venous thrombosis pump, or the use of Thrombo Embolism Deterrent (TED) hose. Given this, the request is not indicated as medically necessary.

**2 Venaflo wraps, purchase- DOS 6/26/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Knee and Leg Procedure Summary.

**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, Venous thrombosis.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.