

<b>Case Number:</b>	CM14-0055345		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/20/2005
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Orthopedic Surgery 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 59-year-old female who reported an injury on 06/15/2012 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her shoulder. The injured worker was evaluated on 01/28/2014. The physical findings of the bilateral upper extremity included diffuse tenderness and swelling of the medial and lateral epicondyles, decreased sensation in the median distribution, tenderness to palpation and mild swelling of the acromioclavicular joint of the right shoulder. The injured worker's diagnoses included cervical strain, C5-6 discopathy, multilevel cervical spondylosis, chronic cervicgia, status post left shoulder surgery, status post bilateral carpal tunnel release, right shoulder partial rotator cuff tear with acromioclavicular joint arthritis. The injured worker's treatment plan at that appointment was continued pain management with medications. A letter of appeal dated 12/16/2013 documented that the injured worker's history included physical therapy, anti-inflammatory medications, a home exercise program, and corticosteroid injections. It was noted that the injured worker's pathology was likely attributed to a mobile right-sided acromion. However, no physical findings or clinical evaluation was provided in that report. A request was made for a mechanical compression device sleeve for VTE prophylaxis. However, no justification for the request was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mechanical compression device and sleeve for VTE prophylaxis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Compression Garments.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines recommend deep vein thrombosis prophylaxis if the patient is at risk for immobilization following surgical intervention. However, the risk for development of deep vein thrombosis is significantly less following upper extremity surgical intervention than it would be for a lower extremity surgical intervention. The clinical documentation submitted for review does not support that the injured worker is at risk for developing deep vein thrombosis in the upper extremities post-surgically. Additionally, there was no documentation to support the need for mechanical compression cervical compression garment. As such, the requested mechanical compression device and sleeve for VTE prophylaxis is not medically necessary.