

<b>Case Number:</b>	CM14-0060434		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old male with a 10/3/12 date of injury, and left shoulder arthroscopy on 9/16/13. At the time (4/6/14) of the Decision for Retrospective Request: Deep Vein Thrombosis Intermittent Limb Compression Device Left Shoulder. Status Post Left Shoulder Arthroscopy on 09/16/14, there is documentation of subjective (shoulder pain) and objective (tenderness over anterolateral left shoulder) findings, current diagnoses (left shoulder pain, biceps tendinitis, and left shoulder degenerative arthritis), and treatment to date (physical therapy and medications). There is no documentation of high risk for developing venous thrombosis in the post-operative period.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request: Deep Vein Thrombosis Intermittent Limb Compression Device Left Shoulder. Status Post Left Shoulder Arthroscopy on 09/16/14: 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): Shoulder Chapter, Venous Thrombosis

**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, Deep vein thrombosis (DVT)

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of high risk for developing venous thrombosis in the post-operative periods as criteria necessary to support the medical necessity of anticoagulation therapy. Within the medical information available for review, there is documentation of diagnoses of left shoulder pain, biceps tendinitis, and left shoulder degenerative arthritis. However, despite documentation of a status post left shoulder arthroscopy, there is no (clear) documentation of high risk for developing venous thrombosis in the post-operative period. Therefore, based on guidelines and a review of the evidence, the request for Retrospective Request: Deep Vein Thrombosis Intermittent Limb Compression Device Left Shoulder. Status Post Left Shoulder Arthroscopy on 09/16/14 is not medically necessary.