

<b>Case Number:</b>	CM14-0067536		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/23/2007
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 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 57 year old female who reported an injury to her left shoulder on 02/23/07. MRI of the left shoulder dated 05/22/13 revealed mild glenohumeral joint effusion. Hypertrophy was identified of the acromioclavicular joint. The injured worker was recommended for post-operative therapy. The sudoscan note dated 02/18/14 indicated the patient undergoing a whole body clinical evaluation and assessment. The injured worker presented with abnormal feet symmetry and low conductance in the hands only indicative of small fiber neuropathy. The echocardiogram dated 02/11/14 revealed mild regurgitation with abnormal ejection fraction in the vest left ventricular area. Fluid was identified at the subscapularis recess. A clinical note dated 03/07/14 indicated a left shoulder arthroscopy with subacromial decompression and distal clavicle excision. The utilization review dated 04/22/14 resulted in a denial for the use of durable medical equipment including deep vein thrombosis (DVT) prevention system as no risk factors were identified for the patient given the procedure given the operative procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment: Q Tech DVT Prevention System:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) Knee and Leg Chapter, Venous thrombosis.

**Decision rationale:** The injured worker underwent shoulder surgery on the left. However, no information was submitted regarding findings consistent with embolism or possible deep vein thrombosis (DVT) need for possible DVT prophylaxis. Without this information in place it is unclear if the patient would likely require the use of deep vein thrombosis (DVT) prevention system. Therefore, the request for durable medical equipment: Q Tech DVT Prevention System is not medically necessary and appropriate.