

<b>Case Number:</b>	CM14-0067574		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/01/2014
<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 Neurology 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 Injured Worker (IW) is a 58 year old female with a reported date of injury of 3/9/2012. The mechanism of injury to the right shoulder is described as an overuse injury secondary to "lifting a lot of heavy things". Prior to the report of the shoulder injury, the medical history of the IW is notable only for hypertension and gastritis. The IW has undergone two separate arthroscopic surgeries to the right shoulder on 11/1/2012 and a second procedure on 1/22/14. After the first operation, the IW still reported pain (a 7 out of 10 per progress reports) with overhead activities. A post-surgical MRI of the right shoulder is notable for a partial thickness undersurface tear of the supraspinatus tendon. The IW underwent a second operation for arthroscopy, bursectomy, cuff debridement, subacromial decompression by partial acromionectomy and arthroplasty of the acromio-clavicular (AC) joint and capsular tightening. The notes provided by the orthopedic surgeon and the anesthesiologist do not report any complications from either procedure nor do they mention a concern for the development of deep vein thrombosis of the right upper extremity following surgery. A previous request for the use of a limb compression device for the right shoulder to prevent a deep vein thrombosis has been denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT Intermittent Limb Compression Device - Right Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 14 Ankle and Foot Complaints Page(s): Clinical Measures-Hot & Cold Therapies; Prevention of Venous Thromboembolic Disease.

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

**Decision rationale:** The official disability guidelines recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. A shoulder surgery is considered a lower risk procedure compared to that of a lower extremity. The guidelines also recommend the use of a mechanical device (compressive device) only in the presence of severe or extensive upper extremity deep vein thrombosis. In this particular case, the IW does not have a medical history or stated family history of a hypercoagulable condition that would necessitate an exceptional pre-emptive therapy such as an intermittent limb compressive device for the right shoulder. In addition, the reports provided do not state the IW developed an upper extremity deep vein thrombosis. The request for the use of an intermittent limb compressive device for the right shoulder is not medically necessary.