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| <b>Case Number:</b>   | CM14-0069159 |                              |            |
| <b>Date Assigned:</b> | 07/14/2014   | <b>Date of Injury:</b>       | 08/20/2007 |
| <b>Decision Date:</b> | 09/18/2014   | <b>UR Denial Date:</b>       | 04/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/14/2014 |

### 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 California and Nevada. 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 51 year old male whose date of injury is 08/20/2007. The mechanism of injury is described as continuous trauma. The injured worker underwent right shoulder arthroscopic rotator cuff repair, subacromial decompression, distal clavicle resection and debridement of the labrum on 02/11/14. The injured worker was provided a pneumatic compression device on this date. Report dated 07/09/14 indicates that the injured worker reports right shoulder pain and worsening of symptoms since physical therapy has stopped. The injured worker has completed 24 physical therapy visits. Diagnosis is right shoulder rotator cuff tear status post repair on 02/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Pneumatic compression device Retrospective DOS: 2/11/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic) 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, Compression garments.

**Decision rationale:** Based on the clinical information provided, the request for one pneumatic compression device retrospective date of service 02/11/14 is not recommended as medically necessary. The injured worker underwent right shoulder arthroscopic rotator cuff repair, subacromial decompression, distal clavicle resection and debridement of the labrum on 02/11/14. The injured worker was provided a pneumatic compression device on this date. The Official Disability Guidelines report that compression devices are not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. The request for Pneumatic compression device is not medically necessary.