

<b>Case Number:</b>	CM14-0087866		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/10/2010
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 55-year-old female who reported an injury on 02/10/2010, when the injured worker slipped and fell. The injured worker's treatment history included cervical fusion, shoulder arthroscopy on 03/01/2014, Medications, MRI, X-ray, Physical Therapy and MR Arthrogram. The injured worker was evaluated on 06/16/2014 and it is documented that the injured worker was status post after undergoing an arthroscopic surgery of the right shoulder on 06/06/2014. She was now describing sharp, 7/10 pain in the right shoulder with increasing pain with movements in all directions. She was using oral analgesic to assist in her pain control. She has not initiated the use of CPM unit nor started post-operative therapy. Physical examination revealed a well-nourished, right hand dominant female in mild to moderate distress related to her right shoulder symptoms. Physical examination of the right shoulder revealed diffuse tenderness to palpation over the right shoulder with 4 portal incision sites with sutures intact. There are no signs or symptoms of infection identified. She does continue the use of a sling for stability. The diagnoses included Status Post Arthroscopic Surgery, Right Shoulder. The provider noted the injured worker should start using a CPM unit at this time and he will remove her sutures. She will initiate Post-op Physical Therapy 3 times a week for 4 weeks to her right shoulder, as well as Acupuncture Therapy 2 times a week for 6 weeks in conjunction with the physical therapy to the right shoulder; this should start in 2 weeks. The Request for Authorization form was not submitted for this review. The rationale for DME, DVT max with pneumatic compression wraps was for the injured worker was status post of arthroscopic surgery of the right shoulder on 06/06/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: DVT Max w/pneumatic compression wraps:** 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 and Knee Chapter).

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

**Decision rationale:** Per the Official Disability Guidelines (ODG) recommends vascutherm with DVT prevention is for monitoring risk of perioperative thromboembolic complications in both the acute and sub- acute 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. In the shoulder, risk is lower than in the knee and depends on: (1) invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk but arthroplasty would be higher risk); (2) the postoperative immobilization period; and (3) use of central venous catheters. Upper extremity deep vein thrombosis (UEDVT) may go undetected since the problem is generally asymptomatic. The incidence of UEDVT is much less than that of the lower extremity DVT possibly because: (a) fewer, smaller valves are present in the veins of the upper extremity, (b) bedridden patients generally have less cessation of arm movements as compared to leg movements, (c) less hydrostatic pressure in the arms, & (d) increased fibrinolytic activity that has been seen in the endothelium of the upper arm as compared to the lower arm. It is recommended to treat patients of asymptomatic mild UEDVT with anticoagulation alone and patients of severe or extensive UEDVT with motorized mechanical devices in conjunction with pharmacological thrombolysis without delay beyond 10 days to 14 days. The injured worker was status post of right shoulder arthroscopic surgery on 06/06/2014, however the provider failed to indicate if the injured worker having "Venous Thrombosis" after the surgery. In addition, the request submitted for review did not include location where the injured worker is requiring the compression wraps or duration of time the compression wrap is required As such, the request for DME; DVT Max w/pneumatic compression wraps is not medically necessary.