

<b>Case Number:</b>	CM14-0066657		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2014

### 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 Orthopedic Surgery 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, the injured worker is a 62 year-old female with a date of injury of 12/06/2010. The results of the injury include neck pain, left shoulder pain, the right wrist, and the left wrist. Diagnoses include moderate Degenerative Disc Disease (DDD) of the cervical spine at C4-5 and C5-6, left shoulder subacromial impingement syndrome and post-traumatic acromioclavicular joint arthritis, biceps tendonitis/tenodesis, as well as right and left wrist pain associated with possible subclinical carpal tunnel syndrome. Treatments have included medications, cervical epidural injections, and surgical intervention with post-operative physical therapy sessions. Medications have included Celebrex, Motrin, Norco, and Prilosec. Surgical interventions have included a left shoulder arthroscopic decompression and rotator cuff repair and a biceps tenodesis in June 2001. A progress note, dated 11/26/2013, includes that the injured worker reported constant left shoulder pain and spasms, bilateral wrist pain, and neck pain radiating from the base of the neck to both arms, associated with some numbness and tingling and both arms and hands. On 12/20/2013, the injured worker underwent a left shoulder arthroscopy with an extensive debridement of the gleno-humeral joint and the labrum with release of the scarred anterior labrum from the capsule plus an arthroscopic subacromial decompression with an acromioplasty and a release of the coraco-acromial ligament as well as a complete clavicle resection, this according to a progress note by the treating physician, dated 01/23/2014. Work status, as of 01/23/2014, is listed as temporarily totally disabled. Retrospective request is being made for Mechanical Compression Device and Sleeve for VTE prophylaxis, for post-operative date of service 12/20/2013. On 05/01/2014, Utilization Review non-certified the prescription for Mechanical Compression Device and Sleeve for VTE prophylaxis. The Mechanical Compression Device and Sleeve for VTE prophylaxis was non-certified based on the premise that the CA MTUS does not address the requested mechanical

compression device. It does cite that the ODG, Shoulder Chapter, Venous thrombosis recommendations for identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures. Utilization Review notes that there is no indication in the medical records submitted for review that the injured worker was at risk for Deep Venous Thrombosis (DVT) or required increased need for post-operative DVT treatment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective request for post operative DVT (Deep Vein Thrombosis) prophylaxis mechanical compression device and sleeve, for date of service 12/20/2013: 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 section, compression garments

**Decision rationale:** CA MTUS/ACOEM is silent on compression garments for DVT prophylaxis. According to ODG, Shoulder section, Compression garments, "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. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors." In this case there is no evidence of risk factor for DVT in the clinical records from 11/26/13. Therefore the request is not medically necessary.