

<b>Case Number:</b>	CM15-0008119		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/02/2009
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 59-year-old female who reported an injury on 06/02/2009. The injured worker reportedly suffered a left upper extremity strain when moving heavy boxes off a shelf. The current diagnosis is status post revision surgery for re-ear of the rotator cuff and revision acromioplasty. It was noted that the injured worker underwent rotator cuff repair with subacromial decompression on 09/25/2014. Prior to surgical intervention, the injured worker was treated with physical therapy and medication management. Upon examination, there was mild to moderate swelling with well healing incisions. The shoulder was immobilized at the time. X-rays revealed satisfactory acromioplasty with no evidence of acromial fracture. The glenohumeral joint appeared intact. Recommendations at that time included continuation of the current medication regimen and immobilization. The current request is for the retrospective use of pneumatic compression sleeves on the date of surgery, 09/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Retrospective pneumatic compression sleeves, DOS: 9/25/14:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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, Venous Thrombosis.

**Decision rationale:** The Official Disability Guidelines recommend monitoring the 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. It is recommended to treat patients of asymptomatic mild upper extremity DVT with anticoagulation alone and patients of severe or extensive upper extremity DVT with motorized mechanical devices in conjunction with pharmacological thrombolysis. In this case, there was no indication that this injured worker was at risk for developing an upper extremity DVT following surgery. The medical necessity for the requested durable medical equipment has not been established in this case. There was no mention of a contraindication to oral anticoagulation therapy as opposed to a motorized mechanical device. Given the above, the request is not medically appropriate.