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| <b>Case Number:</b>   | CM15-0107169 |                              |            |
| <b>Date Assigned:</b> | 06/11/2015   | <b>Date of Injury:</b>       | 09/01/2005 |
| <b>Decision Date:</b> | 07/17/2015   | <b>UR Denial Date:</b>       | 05/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/03/2015 |

### 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: Pennsylvania

Certification(s)/Specialty: Family Practice

### 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 72 year old male who sustained an industrial injury on 9/1/05. The mechanism of injury is unclear. He currently complains of neck pain (7/10); right shoulder pain (9/10) at night; left shoulder pain (5/10) with numbness in the left arm; right forearm pain (6/10) at night; left hand/ wrist numbness; right hand weakness. He has sleep difficulties due to pain. On physical exam there was tenderness on palpation of the cervical spine; tenderness on palpation of the right shoulder with restricted range of motion and weakness. Medications are Norflex, Anaprox. Diagnoses include internal derangement right shoulder, status post right shoulder arthroscopic subacromial decompression (9/22/10 and 3/16/15), rotator cuff tear; left shoulder rotator cuff tear; status post right lateral epicondyle release (3/9/11); status post right cubital tunnel release (3/9/11); medication induced abdominal pain; left cubital tunnel syndrome; status post right carpal tunnel release (3/9/11); left carpal tunnel syndrome; bilateral thumb basal joint arthritis; chronic neck pain with multilevel cervical disc disease at C3-6; depression; anxiety; sleep difficulty. Treatments to date include injection into right shoulder (9/22/10); injection into left shoulder (1/31/11 and 7/18/11); bilateral thumb injection; medications. Diagnostics include MRI of the right elbow (2/6/12) showing lateral epicondylitis and small joint effusion; electromyography/ nerve conduction studies of upper extremities (4/14/14) showing bilateral median sensory neuropathy across wrists, mild ulnar neuropathy across both elbows, left superficial radial sensory neuropathy, right chronic C5-6 radiculopathy; MRI of the right shoulder (11/17/14) showing full thickness tear of the supraspinatus fibers. On 3/16/15 the

treating provider requested authorization for deep vein thrombosis pneumatic compression device for purchase.

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

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

#### **Deep Vein Thrombosis Pneumatic Compression Device Purchase: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery".

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Venous thrombosis and Other Medical Treatment Guidelines Up To Date: Prevention of venous thromboembolic disease in surgical patients.

**Decision rationale:** Neither the MTUS or ODG specifically address mechanical compression devices for DVT prophylaxis but the ODG does discuss DVT prophylaxis in shoulder surgery and states "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. 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; & (3) use of central venous catheters." "The administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures." Up To Date discusses anticoagulation and mechanical compression in surgical patients and states: "Mechanical methods for the prevention of VTE are primarily indicated in surgical patients at high risk of bleeding (eg, following neurosurgery, patients with intracranial hemorrhage) and in whom there is a contraindication to anticoagulants (eg, bleeding peptic ulcer)." The pre-operative exam on March 10, 2015 reports hypertension as the only medical comorbidity that this worker has. The 12/15/2014 Orthopedic Re-evaluation/Request for Surgery did not address the indication for mechanical compression. The surgical report of March 16, 2015 indicates an uncomplicated shoulder arthroscopy. Other than age, the medical record did not indicate this worker had any increased risk factors for DVT other than age and there was not indication that he was at high risk for bleeding or had a contra- indication to anticoagulants. Although the patient's age would be an additional risk factor for DVT and consideration for DVT prophylaxis with anticoagulation, there was no indication that mechanical compression for DVT prophylaxis was medically necessary. Therefore the request is not medically necessary.