

<b>Case Number:</b>	CM15-0130790		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 52-year-old female, who sustained an industrial injury on 06/28/2013. She has reported injury to the right shoulder and low back. The diagnoses have included right shoulder impingement syndrome; severe degenerative joint disease right acromioclavicular joint; degenerative type I superior labrum anterior and posterior tear, right shoulder; adhesive capsulitis, right shoulder; lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome; and right sacroiliac joint arthropathy. Treatments have included medications, diagnostics, injections, lumbar medial branch blocks, chiropractic therapy, physical therapy, and home exercise program. Medications have included Anaprox and Omeprazole. A progress report from the treating physician, dated 04/03/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain and right shoulder pain; and had 50-60% improvement following lumbar epidural steroid injection and sacroiliac joint injection. Objective findings included lumbar spine tenderness, right side greater than left; muscle guarding; positive right sacroiliac joint testing; positive right straight leg raise test; right shoulder tenderness and crepitus; decreased range of motion of the right shoulder; positive impingement sign; positive cross arm test; and needs right shoulder surgery. The treatment plan has included the request for post-operative DVT (deep venous thrombosis) compression home unit 30-day rental with bilateral calf sleeve purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative DVT compression home unit 30-day rental with bilateral calf sleeve purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

**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 4/3/15. Therefore, the request is not medically necessary.