

<b>Case Number:</b>	CM15-0138304		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	07/02/2009
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Texas, California

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:

This is a 52 year old female patient, who sustained an industrial injury on July 2, 2009. The diagnoses include rotator cuff syndrome. Per the doctor's note dated 5/22/15, she had complains of left shoulder pain and discomfort. She was experiencing difficulty with overhead activity, lifting and carrying objects. She reported left wrist pain with increased numbness and tingling and decreased grip and grasping strength. Her low back pain was described as stiffness and spasms (right greater than left) that radiates to the back of her thigh. The physical examination revealed left shoulder- tenderness, decreased range of motion, left wrist- decreased range of motion and positive Tinel's and Phalen's test. The current medications list is not specified in the records provided. Per the noted dated March 20, 2014, she did not experience therapeutic benefit from acupuncture, but did experience benefit from cortisone injections. She has undergone left shoulder arthroscopic rotator cuff repair, SAD, Mumford procedure and extensive debridement on 6/17/2015. Treatment to date has included surgery, MRI, ultrasound guided needle injection (right thumb), acupuncture and cortisone injections. The following, pre and post-operative transportation to appointments (the left arm will be immobilized) and post-operative DVT compression home unit with bilateral calf sleeves-30 day rental (to prevent blood clots) are requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre/Post operative transportation to appointments: 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), Knee and Leg Chapter, Transportation (to and from appointments).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15) Transportation (to & from appointments).

**Decision rationale:** Pre/Post operative transportation to appointments. Per the cited guidelines, transportation to and from hospital/office is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009). Evidence of disabilities preventing the pt from self-transport, even pre operatively, is not specified in the records provided. Presence or absence of a care taker or person that would help in transport is not specified in the records provided. The medical necessity of Pre/Post operative transportation to appointments is not established at this time for this patient.

**Post-operative DVT compression home unit with bilateral calf sleeve; thirty (30) day rental: 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) Chapter: Shoulder (updated 08/06/15) Venous thrombosis.

**Decision rationale:** Post-operative DVT compression home unit with bilateral calf sleeve; thirty (30) day rental. This device has been prescribed for DVT prophylaxis. Per the cited guidelines "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. 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 10-14 days." She has undergone left shoulder arthroscopic rotator cuff repair, SAD, Mumford procedure and extensive debridement on 6/17/2015. Evidence that the pt was at a very high risk for deep vein thrombosis in the BILATERAL arms, is not specified in the records provided. Rationale for not using anti-coagulation therapy alone for DVT prophylaxis is not specified in the records provided. The medical necessity of Post-operative DVT compression home unit with bilateral calf sleeve; thirty (30) day rental is not established for this patient.