

<b>Case Number:</b>	CM15-0140438		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old male, who sustained an industrial injury on 12-18-12. The injured worker has complaints of bilateral shoulder pain. Left shoulder exam reveals limited range with positive impingement sign and crepitus on circumduction and neck range is limited. The diagnoses have included history of bilateral shoulder pain, status post right shoulder decompression recently with ongoing tendinopathy in the left shoulder with acromioclavicular (AC) joint arthrosis and deficient labrum. Treatment to date has included repair of right rotator cuff tear on February 27, 2015; right sling; norco and omeprazole. The request was for deep vein thrombosis, intermittent pneumatic compression device and seg grad pneumatic half leg right and left times 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT - intermittent pneumatic compression device:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl): e351 S-418 S and Suppl: 195 S-e226 S.

**Decision rationale:** The claimant sustained a work-related injury in December 2012 and underwent an open right rotator cuff decompression with distal clavicle resection and rotator cuff repair on 02/27/15. He has hypertension and diabetes. Deep venous thrombosis prophylactic therapy is routinely utilized in the inpatient setting with major abdominal, pelvic, extremity or neurologic surgery, or following major trauma. In this case, the claimant has no identified high risk factors for developing a lower extremity deep vein thrombosis or history of prior thromboembolic event. He did not undergo a major surgical procedure and the surgery performed on his upper extremity would not be expected to significantly limit his ambulation or ability to use his lower extremities. This request was not medically necessary.

**Seg grad pneumatic half leg rt & lt times 2:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl): e351 S-418 S and Suppl: 195 S-e226 S.

**Decision rationale:** The claimant sustained a work-related injury in December 2012 and underwent an open right rotator cuff decompression with distal clavicle resection and rotator cuff repair on 02/27/15. He has hypertension and diabetes. Deep venous thrombosis prophylactic therapy is routinely utilized in the inpatient setting with major abdominal, pelvic, extremity or neurologic surgery, or following major trauma. In this case, the claimant has no identified high risk factors for developing a lower extremity deep vein thrombosis or history of prior thromboembolic event. He did not undergo a major surgical procedure and the surgery performed on his upper extremity would not be expected to significantly limit his ambulation or ability to use his lower extremities. This request was not medically necessary.