

<b>Case Number:</b>	CM15-0142577		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	02/17/2011
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 47 year old male, who sustained an industrial injury on 2-17-11. He has reported initial complaints of a right upper extremity injury. The diagnoses have included right shoulder impingement and acromioclavicular joint (AC) degenerative joint disease (DJD). Treatment to date has included medications, activity modifications, diagnostics, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 5-11-15, the injured workers for orthopedic re-evaluation of the right shoulder. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right shoulder and biceps that reveals rotator cuff tear tendon tear and acromioclavicular joint (AC) joint degenerative joint disease (DJD). The electromyography (EMG) and nerve conduction velocity studies (NCV) of the right upper extremity. The physical exam reveals positive Hawkin's and Neer impingement sign of the right shoulder, pain with cross-body abduction, pain at the terminal ranges of right shoulder motion, and a positive arc of pain with 70-120 degrees of right shoulder forward elevation and abduction. He has continued decreased sensation along the ulnar digits of the right hand with a positive Tinel's sign at the Guyon's canal. The physician noted that the injured worker is an excellent candidate for right shoulder surgery. The physician requested treatment included one Pneumatic compressor device for deep vein thrombosis and pulmonary embolism prophylaxis post shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Pneumatic compressor: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous Thrombosis and Other Medical Treatment Guidelines UpToDate.com, Prevention of venous thromboembolic disease in medical patients.

**Decision rationale:** MTUS is silent concerning DVT prophylaxis. ODG states "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." UpToDate also writes, "Mechanical methods of thromboprophylaxis include intermittent pneumatic compression (IPC), graduated compression stockings (GCS), and venous foot pumps (VFP). Mechanical methods for the prevention of venous thromboembolism (VTE) are primarily indicated in patients at high risk of bleeding or in whom anticoagulation is contraindicated (eg, gastrointestinal or intracranial hemorrhage)." Medical records do not indicate what high risk factors are present and do not indicate why anticoagulation therapy cannot be utilized. As such, the request for 1 Pneumatic compressor is not medically necessary.