

<b>Case Number:</b>	CM15-0166334		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	06/02/2009
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic neck, back, shoulder, and arm pain reportedly associated with an industrial injury of June 2, 2009. In a Utilization Review report dated August 17, 2015, the claims administrator failed to approve a request for left shoulder DVT prophylaxis device-30 day rental. The claims administrator referenced an RFA form received on August 12, 2015 in its determination. The claims administrator placed non-MTUS ODG Guidelines to the bottom of his note, but did not seemingly incorporate the same into his report rationale. The applicant's attorney subsequently appealed. On August 26, 2015, the applicant underwent an arthroscopic left shoulder rotator cuff repair procedure, arthroscopic distal claviclectomy, arthroscopic subacromial decompression, and labral debridement surgery. The attending provider contended that the procedure duration was extended, but did not state precisely how long the procedure lasted. On August 28, 2015, the applicant was placed off of work, on total temporary disability, for six weeks, following earlier shoulder surgery. The note was very difficult to follow and did not seemingly detail the applicant's past medical history. On May 12, 2015, the applicant reported severe shoulder pain complaints. The applicant was using Tylenol No. 3, Neurontin and oral Voltaren for pain relief, it was reported. The applicant was returned to work on this date. Once again, the applicant's past medical history was not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder post-operative DVT compression home unit with bilateral calf sleeve 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, and 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) Shoulder Disorders, Venous thrombosis.

**Decision rationale:** No, the left shoulder postoperative DVT compression unit 30-day rental was not medically necessary, medically appropriate, or indicated here. The MTUS did not address the topic. However, ODG's Shoulder Chapter Venous Thrombosis topic notes that the administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedure as the chances of developing DVT are "very rare" after shoulder arthroscopy surgery, as seemingly transpired here. Here, the attending provider failed to furnish a clear or compelling rationale for provision of a DVT prophylaxis device for procedure for which it is not recommended, per ODG's Shoulder Chapter Venous Thrombosis topic. There was no mention of the applicant is having history of prior DVT, neoplasia, etc. which would have compelled a variance from the guidelines. It was not clearly stated why 30 days of DVT prophylaxis were needed for an upper extremity procedure, which did not seemingly result in the applicant's being immobilized for a prolonged or protracted amount of time. Therefore, the request was not medically necessary.