

<b>Case Number:</b>	CM15-0194494		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	01/12/2015
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 34 year old man sustained an industrial injury on 1-12-2015. Evaluations include left shoulder MRI dated 6-2-2015. Diagnoses include left clavicle fracture with callus formation, left shoulder impingement syndrome, left shoulder subacromial bursitis, partial tear of the superior and inferior acromioclavicular ligaments, partial thickness tear of the left rotator cuff, left rotator cuff tendinosis, and left acromioclavicular joint fracture. Treatment has included oral medications and left shoulder steroid injection. Physician notes dated 9-10-2015 show complaints of left shoulder pain rated 7 out of 10. The physical examination shows range of motion as forward flexion 90 degrees, extension 30 degrees, abduction 70 degrees, adduction 30 degrees, internal rotation 45 degrees, external rotation to 45 degrees. The worker was capable of passive internal and external rotation to 80 degrees, flexion 0 160 degrees, and abduction to 150 degrees with pain. Tenderness was noted to palpation over the acromioclavicular joint space and subacromial space, Neer's and Hawkin's are positive, and drop arm test is negative. Recommendations include surgical intervention including interscalene block with ultrasound guidance, medical clearance, shoulder abduction pillow, micro-cool unit, IFC unit with supplies, TENS unit with supplies, home exercise kit, motorized compression pump and stockings, Keflex, Tramadol, Norco, and post-operative physiotherapy. Utilization Review denied a request for compression pump-stocking purchase on 9-24-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT Compression pump/stocking purchase: 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 (Acute & Chronic) - Compression garments, 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 Chapter, under Compression Garments.

**Decision rationale:** The patient presents on 09/10/15 with left shoulder pain rated 7/10. The patient's date of injury is 01/12/15. Patient is status post corticosteroid injection to the left shoulder. The request is for DVT compression pump/stocking purchase. The RFA is dated 09/10/15. Physical examination dated 09/10/15 reveals tenderness to palpation over the left acromioclavicular joint space and subacromial space, with positive Neer's, Hawkins, and Cross-arm test noted. The patient is currently prescribed Keflex, Norco, and Ultram. Patient's current work status is not provided. Official Disability Guidelines, Shoulder Chapter, under Compression Garments states: 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. 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. The National Guidelines Clearinghouse also recommends "mechanical compression devices in the lower extremities are suggested in elective spinal surgery to decrease the incidence of thromboembolic complications." For duration of use, it recommends it from just prior to or at the beginning of surgery and continuation until the patient is fully ambulatory. In regard to the request for a pneumatic compression system for the prevention of post-operative deep vein thrombosis, this patient does not meet guideline criteria. Such DVT prophylaxis units are typically utilized in patient's whose surgical recovery is expected to involve prolonged periods of bed rest; such as those undergoing spinal surgery or hip replacement. Progress notes indicate that this patient is scheduled to undergo left shoulder surgery, a procedure which is unlikely to result in a prolonged period of bed rest, if any. This patient is also an otherwise healthy 34 year old female with no documented coagulopathies which would place her at increased risk of DVT. Furthermore, the requesting provider requests "... a motorized compression pump and stockings to be applied before surgery and utilized four weeks following surgery to prevent deep vein thrombosis." Such compression systems are generally only utilized in the immediate post-operative time frame, four weeks of use appears excessive. Without a clearer rationale as to why this patient will require prolonged bed rest, additional DVT risk factors, or an appropriate duration of use, the medical necessity cannot be substantiated. The request is not medically necessary.