

<b>Case Number:</b>	CM15-0204080		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: 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:

This is a 55-year-old female with a date of industrial injury 9-7-2012. The medical records indicated the injured worker (IW) was treated for right shoulder sprain-strain, impingement-tendinitis. Some of the documentation was difficult to decipher. In the progress notes (8-4-15), the IW reported right shoulder pain rated 7 out of 10, aggravated by activity, pushing, pulling, and lifting. On examination (8-4-15 notes), the right shoulder was tender to palpation, with muscle spasms and guarding. Subacromial crepitus was present. Range of motion was decreased. Treatments included rest, medications and home exercise program (with benefit). The IW was on modified work duty. Authorization was received for right shoulder surgery. The provider believed there was a higher risk for deep vein thrombosis due to the type of surgery being performed and the IW's history of high blood pressure and diabetes. A Request for Authorization was received for DVT (deep vein thrombosis) compression home unit with bilateral calf sleeves, post-operative rental (30 days). The Utilization Review on 9-11-15 non-certified the request for DVT (deep vein thrombosis) compression home unit with bilateral calf sleeves, post-operative rental (30 days).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT compression home unit with bilateral calf sleeve postoperative rental (30 days):**

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 injury due to cumulative trauma with date of injury in September 2012 due to lifting boxes with injury to the low back and right shoulder. Her past medical history includes hyperlipidemia, diabetes, obstructive sleep apnea, and hypertension. She was seen by the requesting provider on 05/29/15. She was having ongoing right shoulder pain. Conservative treatments had included physical therapy, acupuncture, chiropractic treatment, medications, and a cortisone injection. Physical examination findings included decreased right shoulder range of motion with severe supraspinatus and mild to moderate acromioclavicular joint, greater tuberosity, and biceps tendon tenderness. Shoulder impingement testing was positive. Imaging results were reviewed with an MRI of the shoulder in February 2014 showing findings of a rotator cuff tear with tendinosis. Authorization for an arthroscopic subacromial decompression with debridement was recommended. The assessment references noting a higher risk of developing DVT and prophylaxis with a pneumatic compression device is being requested. 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. There would be no lower extremity weight bearing precautions or need to restrict her ability to ambulate and perform normal lower extremity activities. This request for a 30-day rental of a DVT prophylaxis unit is not medically necessary.