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| <b>Case Number:</b>   | CM15-0023022 |                              |            |
| <b>Date Assigned:</b> | 02/12/2015   | <b>Date of Injury:</b>       | 05/09/2013 |
| <b>Decision Date:</b> | 03/26/2015   | <b>UR Denial Date:</b>       | 02/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/06/2015 |

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 49-year-old male, who sustained an industrial injury on 5/9/13. The 4/7/14 treating physician report cited moderate to severe constant right shoulder pain, worsened with overhead work and activities. Conservative treatment, including rest, ice, heat, anti-inflammatories, activity modification, physical therapy, and a steroid injection, had failed provided sustained benefit. Past medical history was negative. Review of systems was within normal limits. Right shoulder exam documented full range of motion, with normal strength, reflexes, and sensation. There was marked tenderness over the acromioclavicular (AC) joint and bicipital groove. X-rays showed severe AC joint arthritis with down projecting spurs. MRI findings showed moderate to advanced AC degenerative changes and distal acromion degenerative changes abutting the rotator cuff. There was supraspinatus tendinosis with partial thickness rotator cuff tear. The treatment plan indicated surgery was authorized. A right shoulder arthroscopy with subacromial decompression, biceps tenodesis, and shoulder sling was performed on 4/11/14. A 4/11/14 prescription form for a pneumatic compression device was noted with no documentation of duration of use or risk factors for deep vein thrombosis (DVT). A request for pneumatic appliance, half leg, for a diagnosis of Dupuytren's contracture, with surgery on 4/11/14 was submitted on 8/26/14. On 1/5/15, utilization review non-certified the request for a retrospective review (4/14/14) of a pneumatic appliance-half leg, citing Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS: 04/14/14 for Pneumatic appliance half leg: 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) Knee and other literature

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder: Deep vein thrombosis (DVT); Venous Thrombosis

**Decision rationale:** The California MTUS guidelines are silent with regard to pneumatic compression devices. The Official Disability Guidelines (ODG) recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in upper extremity procedures. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request is not medically necessary.