

<b>Case Number:</b>	CM15-0217946		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 61 year old female who sustained an industrial injury on 09-01-2009. According to an office visit report dated 09-18-2015, the injured worker was status post left shoulder arthroscopy and correction on 10-22-2013. She continued to have pain and stiffness in her shoulder despite ongoing conservative modalities. She was no longer in physical therapy. Current medications included Anaprox. Physical examination demonstrated active abduction to 110 degrees, forward flexion to 160 degrees both with a painful arc of motion and painful endpoint, abduction greater than forward flexion with marked scapulohumeral dysrhythmia noted on exam. She demonstrated an internal rotation contracture of approximately 25 degrees. Rotator cuff exam was 5 out of 5 except for the supraspinatus which was 4 out of 5 with pain on isolation and loading. Impression included status post left shoulder arthroscopy and corrections on 10-22-2013 with persistent adhesive capsulitis and postoperative arthrofibrosis. Diagnoses included other affections shoulder region not elsewhere classified, adhesive capsulitis of shoulder and lack of coordination. The treatment plan included left shoulder redo arthroscopy and bursoscopy with capsular release, glenohumeral debridement and other corrections that are indicated at the time of the arthroscopy and bursoscopy. On 09-24-2015, authorization was requested for outpatient arthroscopic, post-op physical therapy, pre-op labs and surgical assistant. An authorization request dated 10-14-2015 was submitted for review. The requested services included DVT prophylaxis 30 days post op protocol. On 10-21-2015, Utilization Review modified the request for DVT prophylaxis times 30 days post-operative for left shoulder.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**DVT prophylaxis times 30 days post operative for left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder 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) DVT prevention, upper extremity surgery.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG does not recommend DV T prevention for upper extremity surgery due to the low incidence of occurrence. A review of the documentation does not show the patient to have hypercoagulable conditions that would put the patient at increased risk, Therefore the request is not medically necessary.