

<b>Case Number:</b>	CM15-0221145		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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:

This injured worker is a 57-year-old female who sustained an industrial injury on 12/13/12, relative to cumulative trauma as a typist/clerk. She underwent left carpal tunnel release in 2014, left shoulder arthroscopic subacromial decompression, distal clavicle resection, and extensive debridement of SLAP and rotator cuff tears on 9/10/14, and a right carpal tunnel release on 2/27/15. Conservative treatment had included physical therapy, activity modification, medications, and work restrictions. The 7/6/15 initial orthopedic consult report cited on-going right shoulder pain despite all attempts at aggressive conservative management and the passage of time. Right shoulder exam documented moderate acromioclavicular (AC) joint tenderness, subacromial crepitus, 4/5 shoulder strength, painful shoulder movement, and positive impingement tests. Ultrasound of the right shoulder performed 2/10/15 revealed a partial thickness rotator cuff supraspinatus tendon tear, subacromial impingement, and a longitudinal split tear within the long head of the biceps tendon. The treatment plan recommended right shoulder arthroscopic decompression, distal clavicle resection, and rotator cuff debridement and/or repair as indicated. The 10/29/15 treating physician letter stated that this injured worker had a higher risk of developing deep vein thrombosis due to the type of surgery being performed in combination with other risk factors. She would have decreased ability and duration of ambulation following surgery, which will significantly increase the risk factors associated with deep vein thrombosis and pulmonary emboli. Records indicated that a right shoulder arthroscopic rotator cuff repair was scheduled for 11/12/15. Authorization was requested for a post-operative DVT (deep vein thrombosis) compression home unit with

bilateral calf sleeves, 30 day rental. The 11/5/15 utilization review non-certified the request for 30-day rental of the post-operative DVT compression unit with bilateral calf sleeves as there was no indication why this injured worker would not be considered for medication management or TED hose versus a pneumatic unit, and there was no indication of what risk factors there was concern for.

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

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

**Post operative DVT (deep vein thrombosis) compression home unit, with bilateral calf sleeves, 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: 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) Shoulder: Deep vein thrombosis (DVT); Venous Thrombosis.

**Decision rationale:** The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) recommends 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. The injured worker was reported at high risk for DVT due to the type of surgery performed and decreased ability and duration of ambulation following surgery. It is not clear why prolonged ambulatory limitations would be anticipated following shoulder arthroscopic surgery. 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.