

<b>Case Number:</b>	CM15-0222881		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	01/19/2015
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Emergency Medicine

### 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 61-year-old female injured worker suffered an industrial injury on 1-19-2015. On 11-2-2015, the provider reported continued right shoulder pain. On exam the right shoulder had reduced range of motion with tenderness to the rotator cuff. The right elbow was tender due to cubital tunnel. The provider noted she would need surgery to the right elbow. The rationale for the requested treatment was not included in the medical record. Request for Authorization date was 11-6-2015 indicating the requested treatment was for right shoulder surgery scheduled 11-6-2015. Utilization Review on 11-12-2015 determined non-certification for Pneumatic intermittent compression x1 day rental, day of procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pneumatic intermittent compression x1 day rental, day of procedure: 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) 2015 Shoulder- compression garments.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Venous Thrombosis.

**Decision rationale:** The requested Pneumatic intermittent compression x1 day rental, day of procedure, is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines, Shoulder (Acute & Chronic), Venous Thrombosis, noted: "Recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee and depends on: (1) invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk but arthroplasty would be higher risk); (2) the postoperative immobilization period; & (3) use of central venous catheters. Upper extremity deep vein thrombosis (UEDVT) may go undetected since the problem is generally asymptomatic. The incidence of UEDVT is much less than that of the lower extremity DVT possibly because: (a) fewer, smaller valves are present in the veins of the upper extremity, (b) bedridden patients generally have less cessation of arm movements as compared to leg movements, (c) less hydrostatic pressure in the arms, & (d) increased fibrinolytic activity that has been seen in the endothelium of the upper arm as compared to the lower arm." The injured worker has continued right shoulder pain. On exam, the right shoulder had reduced range of motion with tenderness to the rotator cuff. The right elbow was tender due to cubital tunnel. The provider noted she would need surgery to the right elbow. The rationale for the requested treatment was not included in the medical record. Request for Authorization date was 11-6-2015 indicating the requested treatment was for right shoulder surgery scheduled 11-6-2015. DVT prophylaxis is not guideline supported for shoulder arthroscopy and the treating physician has not documented that the injured worker would not be able to ambulate after the procedure, and the treating physician has not documented that the injured worker has high risk thrombosis factors. The criteria noted above not having been met, Pneumatic intermittent compression x1 day rental, day of procedure is not medically necessary.