

<b>Case Number:</b>	CM15-0049640		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	07/28/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 51-year-old male who sustained an industrial injury on 01/28/14. Initial complaints and diagnoses are not available. Treatments to date include medications and therapy. Diagnostic studies are not discussed. Current complaints include left shoulder pain. In a progress note dated 11/20/14, the treating provider reports the plan of care as left shoulder surgery. The requested treatment is a Deep Vein Thrombosis Max unit and pneumatic compression wraps.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT MAX UNIT, WITH PNEUMATIC COMPRESSION WRAPS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder; Compression Garmets.

**Decision rationale:** MTUS is silent on this topic, but ODG states "Not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. (Edgar, 2012) Although variability exists in the reported incidence of VTE, surgeons should still be aware of the potential for this serious complication after shoulder arthroplasty. (Saleh, 2013) Available evidence suggests a low incidence, but the final decision to consider thromboprophylaxis rests with the operating surgeon." There is no documentation showing extenuating circumstances that would warrant justification beyond what the guidelines recommend. Therefore, the request is not medically necessary.