

<b>Case Number:</b>	CM15-0059677		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	05/28/2010
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Arizona, California  
 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 59 year old male, who sustained an industrial injury on 05/28/2010. He has reported injury to the right shoulder, left hip, and lower back. The diagnoses have included rotator cuff tear, status post rotator cuff repair of right shoulder with recurrent full-thickness rotator cuff tear; history of left shoulder rotator cuff repair; persistent low back pain; and left hip pain. Treatment to date has included medications, diagnostic studies, physical therapy, and surgical intervention. A progress note from the treating provider, dated 01/30/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right shoulder pain. Objective findings have included positive impingement and impingement reinforcement noted to be present in the right shoulder and some discomfort with isolated supraspinatus testing. The treatment plan has included the request for rental of a DVT (Deep Venous Thrombosis) machine and purchase of cuff.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rental of a DVT (Deep Venous Thrombosis) machine and purchase of cuff:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and shoulder pain - pg 43.

**Decision rationale:** According to the guidelines, venous embolism is lower risk after shoulder surgery than knee surgery. High risk patients should be identified. Compression garments are not generally recommended. Although the final decision to determine need for prophylaxis is up to the surgeon, the length of use and identification of other high risk factors are not noted. Therefore, the request for a cuff and DVT machine is not medically necessary.