

<b>Case Number:</b>	CM15-0084482		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2015

### 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, Indiana, Oregon  
 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:

The injured worker is a 50 year old female, who sustained an industrial injury on 05/06/2010. She reported sustaining injury to the right shoulder secondary to repetitive lifting with daily work activities. The injured worker was diagnosed as having left periscapular myofascial strain, left elbow medial epicondylitis, status post left wrist carpal tunnel release, and right shoulder impingement with associated periscapular myofascial strain. Treatment to date has included home exercise program, use of home electronic muscle stimulation unit, above listed procedure, electromyogram with nerve conduction study, medication regimen, and magnetic resonance imaging of the right shoulder. Orthopedic consultation from 12/19/2014 notes magnetic resonance imaging of the right shoulder from 07/21/2014 that was remarkable for a full-thickness rotator cuff, supraspinatus, and infraspinatus tendon tear along with acromioclavicular degenerative joint disease, and subacromial impingement. The consulting surgeon indicates that the injured worker is a candidate for arthroscopic right shoulder surgery. In a progress note dated 02/09/2015 the treating physician reports complaints of frequent, moderate right shoulder pain with loss of motion along with intermittent left shoulder pain. The pain is rated a 7 on a scale of 0 to 10. The treating physician also notes tenderness to the right shoulder at acromioclavicular joint and the right wrist with decreased range of motion to the right wrist. The treating physician indicates that the injured worker is requesting right shoulder surgery. The treating physician requested a post-operative deep vein thrombosis prophylaxis pneumatic compression home unit with bilateral calf sleeve for a 30 day trial, but the documentation provided did not indicate the specific reason for the requested equipment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative DVT prophylaxis with pneumatic compression home unit with bilateral calf sleeve- 30 day trial:** 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), Shoulder Chapter, Compression Garment.

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

**Decision rationale:** CA MTUS/ACOEM is silent on compression garments for DVT prophylaxis. According to ODG, Shoulder section, Compression garments, "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." In this case there is no evidence of risk factor for DVT in the clinical records from 12/19/14. Therefore the determination is not medically necessary.