

<b>Case Number:</b>	CM15-0087248		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 41-year-old female, who sustained an industrial injury on 07/01/2011. She has reported subsequent bilateral shoulder pain and was diagnosed with bilateral shoulder impingement. Treatment to date has included cortisone injection of the right shoulder. In a progress note dated 12/15/2014, the injured worker complained of ongoing bilateral shoulder pain, tenderness, stiffness and weakness. Objective findings were notable for bilateral positive Hawkin's and Neer's signs, pain with cross-body adduction and positive arc of pain from 60-110 degrees of bilateral shoulder motion. The physician noted that the injured worker was an excellent candidate for arthroscopic left shoulder decompression and distal clavicle resection and would likely require three months of recovery following surgery. The physician submitted a progress note on 04/27/2015 that indicated that the injured worker had a higher risk of developing deep vein thrombosis (DVT) post-surgery and that DVT prophylaxis was being prescribed. A request for authorization of DVT compression with bilateral calf sleeve for the left shoulder, 30 day rental was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (DME) Deep Vein Thrombosis (DVT) compression with bilateral calf sleeve for the left shoulder, 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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Compression garments.  
<http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, Compression garments recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. (Parsch, 2008) (Nelson-Cochrane, 2008) See also Lymphedema pumps; Venous thrombosis. Recent research: There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). The findings of this study do not support routine wearing of elastic compression stockings (ECS) after DVT. PTS is a chronic disorder affecting 40%-48% of patients during the first 2 years after acute symptomatic DVT. The American College of Chest Physicians currently recommends wearing compression stockings with 30-40 mm Hg pressure at the ankle for 2 years to reduce the risk of developing PTS, but the data supporting this recommendation are inconsistent, and come from small randomized trials without blinding. This high quality double-blind randomized trial compared compression stockings to sham stockings (without therapeutic compression) in 806 patients with proximal DVT and concluded otherwise. (Kahn, 2014) Therefore, the request for Deep Vein Thrombosis (DVT) compression with bilateral calf sleeve for the left shoulder, 30 day rental is not medically necessary.