

<b>Case Number:</b>	CM15-0234908		
<b>Date Assigned:</b>	12/10/2015	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	01/20/2016	<b>UR Denial Date:</b>	11/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2015

### 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, Texas

Certification(s)/Specialty: Internal 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 47-year-old female who sustained an industrial injury on 9-18-2013 and had been treated for right shoulder impingement and acromioclavicular arthrosis. On 7-15-2015, she underwent right shoulder arthroscopic extensive debridement, excision of the distal clavicle, and subacromial decompression. Prior to surgery the injured worker had reported right shoulder pain, and the operative note states she had "failed conservative care." The treating physician's plan of care included a request for authorization submitted 7-15-2015 for an intermittent limb compression device; VenaPro limb compression device. Rationale is not evidenced in the records provided. This was denied on 11-10-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intermittent Limb Compression device:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DVT Proph: ODG, Treatment Index, 11th Edition, 2014, Shoulder, Venous thrombosis. Venous thrombosis and Other Medical Treatment Guidelines Uptodate.com.

**Decision rationale:** The MTUS is silent regarding DVT prophylaxis. According to the ODG a DVT prophylaxis unit with intermittent limb therapy is recommended for patients who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. According to UptoDate.com, high risk patients include those having abdominal-pelvic surgery, increasing age, prior VTE in patient or family members, presence of malignancy or obesity, presence of an inherited or acquired hypercoagulable state and one or more significant medical comorbidities (heart disease, infection, inflammatory conditions, recent stroke and preoperative sepsis) IPC (intermittent pneumatic compression) is an alternative for VTE prevention in patients with a high risk of bleeding or in whom anticoagulation is contraindicated (eg, active or intracranial hemorrhage). In this case the beneficiary is planned for shoulder surgery. Shoulder surgery is not considered a high risk procedure therefore the medical necessity for Intermittent Limb Compression device and Vena Pro intermittent limb compression device for prophylaxis of DVT is not made.

**Vena Pro intermittent limb compression device:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DVT Proph: ODG, Treatment Index, 11th Edition, 2014, Shoulder, Venous thrombosis. Venous thrombosis and Other Medical Treatment Guidelines Uptodate.com.

**Decision rationale:** The MTUS is silent regarding DVT prophylaxis. According to the ODG a DVT prophylaxis unit with intermittent limb therapy is recommended for patients who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. According to UptoDate.com, high risk patients include those having abdominal-pelvic surgery, increasing age, prior VTE in patient or family members, presence of malignancy or obesity, presence of an inherited or acquired hyper-coagulable state and one or more significant medical comorbidities (heart disease, infection, inflammatory conditions, recent stroke and preoperative sepsis) IPC (intermittent pneumatic compression) is an alternative for VTE prevention in patients with a high risk of bleeding or in whom anticoagulation is contraindicated (eg, active or intracranial hemorrhage). In this case the beneficiary is planned for shoulder surgery. Shoulder surgery is not considered a high risk procedure therefore the medical necessity for Intermittent Limb Compression device and Vena Pro intermittent limb compression device for prophylaxis of DVT is not made.

