

<b>Case Number:</b>	CM14-0124085		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

47-year-old male claimant with reported industrial injury of October 5, 2011. Claimant is status post a left shoulder arthroscopy with rotator cuff repair, debridement of biceps, posterior capsular release and subacromial decompression on 5/27/2014. Progress report 6/4/2014 demonstrates the left shoulder incision is healing well. Diagnosis is status post left shoulder arthroscopic rotator cuff repair and biceps tendon rupture. Recommendation is made for physical therapy as well as a DVT (deep vein thrombosis) compression sleeve. No documentation is noted in the record of increased risk of deep vein thrombosis in the claimant's medical history.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **DVT Compression Sleeves - Two (2) for the Left Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, and Hand: Vasopneumatic Devices

**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 garments

**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 6/4/14. Therefore the determination is for non-certification for the DVT compression garments.