

<b>Case Number:</b>	CM14-0131307		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Internal Medicine has a subspecialty in Nephrology and is licensed to practice in 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:

The patient is a 55-year-old female who has submitted a claim for Right shoulder tendinitis/impingement/type II acromion with restricted ROM with continued symptoms associated with an industrial injury date of June 7, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right shoulder pain with increased pain with reaching, lifting, pushing, pulling and carrying. Exam of the shoulder revealed ROM flexion and abduction of 90 degrees with pain, pain in the trapezius and supraspinatus, positive impingement test in the IR and IR at 90 degrees of flexion. Right shoulder MRI dated 9/26/13 noted impression of tendinitis involving the infraspinatus tendon and cystic arthritic changes in the head of the humerus. Treatment to date has included medications and 18 physical therapy sessions. She is for shoulder arthroscopy and subacromial decompression. Utilization review from June 24, 2014 denied the request for Pre Operative Deep Vein Thrombosis sequential boot because there was no information provided indicating that the patient is at high risk for DVT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre Operative Deep Vein Thrombosis sequential boot:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Venous thrombosis

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Knee and Leg chapter, Venous thrombosis and compression garments

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Knee and Leg chapter, Venous thrombosis and compression garments was used instead. The Official Disability Guidelines do not specifically recommend the pneumatic intermittent compression device, the use of standard compression garments serve the same purpose. In this case, the patient will be undergoing shoulder surgery. There was no mention of any risk factors that may increase the likelihood of a DVT during the surgery. There was also no discussion as to why traditional methods of preventing DVT would be considered insufficient - like oral anticoagulants. It is also unclear if the sequential boots would be employed intra-operatively only or also following surgery. Therefore, the request for Deep vein thrombosis sequential boots is not medically necessary.