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| <b>Case Number:</b>   | CM14-0162126 |                              |            |
| <b>Date Assigned:</b> | 10/07/2014   | <b>Date of Injury:</b>       | 02/04/2013 |
| <b>Decision Date:</b> | 11/03/2014   | <b>UR Denial Date:</b>       | 09/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of February 4, 2013. A utilization review determination dated September 16, 2014 recommends noncertification of DVT intermittent pneumatic compression device used on May 19, 2014. Noncertification was recommended since guidelines do not support the use of DVT prophylaxis following shoulder arthroscopic procedures. A progress report dated August 1, 2014 indicates that the patient underwent a left shoulder arthroscopy with bursectomy and subacromial decompression on May 19, 2014. She is coming along as expected and complaints of pain in the left shoulder. Physical findings reveal restricted range of motion in the left shoulder. The diagnoses include left shoulder rotator cuff sprain and chronic impingement syndrome of the left shoulder status post decompression. The treatment plan recommends continuing tramadol, and completing 9 additional therapy sessions. An operative report dated May 19, 2014 indicates that the patient underwent left shoulder arthroscopy. A progress report dated May 13, 2014 recommend undergoing a rotator cuff repair. Additionally, Vicodin is recommended for pain control and home health is recommended following surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT- Intermittent Pneumatic Compression Device used on 5-19-14 QTY: 1.00:** 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 (Acute & Chronic) Procedure Summary

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

**Decision rationale:** Regarding the request for a compression device, California MTUS and ACOEM do not contain criteria for this request. ODG states that compression garments are not generally recommended in the shoulder. They go on to state that deep venous thrombosis and pulmonary embolism are rare following upper extremity surgery especially shoulder arthroscopy. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. Within the documentation available for review, there is no indication that the patient has undergone a preoperative workup indicating that the patient is at high risk for coagulopathy. As such, the currently requested compression device is not medically necessary.