

<b>Case Number:</b>	CM14-0085156		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/04/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 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 38 year old female who sustained an industrial injury on 1/4/2013. The patient underwent right shoulder surgery for arthroscopic subacromial decompression and extensive debridement of labral and rotator cuff tears on 2/10/2014. On 2/13/2014, the patient reports doing well after shoulder but does have obvious discomfort. Examination of the shoulder demonstrates no signs of infection, staples intact, no signs of CRPS or color changes, surgical sites are clean and were redressed in usual fashion without complication. The patient will start postop therapy as planned, specific exercises for the shoulder were discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: DVT intermittent limb compression device 1 day rental; Segmental pneumatic appliance/SCD sleeves for #2 for the Right 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 (ODG) - Treatment; Integrated Treatment/Disability Duration Guidelines. Shoulder Chapter

**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:** This patient is an otherwise healthy young female who underwent right shoulder arthroscopic surgery on 2/10/2010. According to the Official Disability Guidelines, compression garments are 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. The patient would have undergone a complete and thorough pre-operative workup including labs and diagnostic studies. The guideline criteria have not been met as there is absence of documentation indicating the patient was at significantly risk for DVT and could not have utilized a compression hose. Given the rarity of the possibility of a DVT, unless an abnormality is uncovered, DVT prophylaxis, such as with compression device is not clinically indicated or supported by the guidelines, and is not medically necessary.