

<b>Case Number:</b>	CM14-0146301		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. 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: California

Certification(s)/Specialty: Orthopedic Surgery

### 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 61-year-old male, with a reported date of injury of 12/16/2013. The diagnoses include right shoulder joint pain, right shoulder tendonitis, and right impingement syndrome. Treatments to date have included an MRI of the right shoulder, and oral medications. The progress report dated 08/14/2014 indicates that the injured worker complained of right shoulder pain. He rated the pain 7 out of 10. The objective findings include decreased right shoulder range of motion, severely positive right shoulder impingement test, tenderness of the rotator cuff, bicipital groove, acromioclavicular joint, and over the right supraspinatus muscle. The injured worker had been approved for right shoulder surgery, but not scheduled. The treating physician requested deep vein thrombosis (DVT) sequential boots during surgery, Zofran, and Narcosoft

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative DVT (Deep Vein Thrombosis) Sequential Boots:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -compressive devices.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Venous Thrombosis.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of venous duplex. According to the ODG, knee and leg section, venous thrombosis, "recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." In this case the exam notes from 8/14/14 do not justify objective evidence to support postoperative DVT sequential boots. There is no evidence in the records of increased risk for DVT to warrant these boots. Therefore the request is not medically necessary.