

<b>Case Number:</b>	CM15-0066909		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	02/06/2014
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Minnesota, Florida  
 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 69 year old male, who sustained an industrial injury on 2/6/2014. He reported striking his right shoulder as he exited the cockpit of an aircraft. The injured worker was diagnosed as status post right shoulder rotator cuff repair and subacromial decompression in 2014. Right shoulder post-operative magnetic resonance imaging showed a recurrent full thickness tendon tear. Treatment to date has included surgery, physical therapy, joint injections and medication management. In a progress note dated 2/25/2015, the injured worker complains of continued shoulder pain. The treating physician is requesting a deep vein thrombosis prophylactic cuff for 7 days and medical clearance in addition to shoulder surgery. Surgery has been certified by utilization review. DVT prophylactic cuff and Medical clearance are disputed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Deep vein thrombosis (DTV) prophylactic cuff for 7 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Venous thrombosis, compression garments.

**Decision rationale:** ODG guidelines state that the risk of deep vein thrombosis after shoulder surgery is one case per 1000 and it is very rare after arthroscopy of the shoulder. The administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. The guidelines recommend monitoring risk of perioperative thromboembolic complications by identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Compression garments are not generally recommended in the shoulder. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. The documentation submitted does not indicate a high risk of coagulopathic risk factors. As such, the request for a Deep Vein Thrombosis prophylactic cuff rental for 7 days is not supported and the medical necessity of the request has not been substantiated.

**Medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Pre-operative testing, general, Office visits.

**Decision rationale:** With respect to the request for medical clearance ODG guidelines are used. The guidelines indicate that shoulder arthroscopy is a low risk surgical procedure. The guidelines recommend conducting a history and physical examination with selective testing based on the clinician's findings. If co-morbidities are found, office visits to the offices of medical providers are encouraged. The documentation provided does not indicate the presence of co-morbidities. As such, the request for Medical clearance is not supported and the medical necessity of the request has not been substantiated.