

<b>Case Number:</b>	CM15-0093685		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	06/17/2014
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55 year old female with an industrial injury on 6/17/14. The mechanism was a motor vehicle accident. Immediate complaints were pain of shoulders, face, neck, left thigh low back and headache. Diagnoses include bilateral shoulder impingement syndrome, bilateral shoulder partial thickness rotator cuff tears, status post right shoulder arthroscopy subacromial decompression on 1/29/15, status post left shoulder arthroscopy subacromial decompression on 4/30/15. Treatment has been physical therapy, Ibuprofen, Flexeril, Clonazepam, Opioids, Corticosteroid injection to the shoulder. A physician progress note dated 4/8/15 documents she is improving with range of motion and strength but still with deficits. Work status is noted as return to modified work with restrictions on 4/8/15. The treatment requested is Retro Intermittent Limb Compression Device date of service 1/29/15 and Venaflo Calf Cuff (2)-purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro intermittent limb compression device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl):e351 S-418 S and Suppl: 195 S-e226 S.

**Decision rationale:** The claimant sustained a work injury in June 2014 and underwent an arthroscopic right rotator cuff decompression and repair on 01/29/15. Deep venous thrombosis prophylactic therapy for prevention of DVT is routinely utilized in the inpatient setting with major abdominal, pelvic, extremity or neurologic surgery, or following major trauma. In this case, the claimant has no identified high risk factors for developing a lower extremity or upper extremity deep vein thrombosis or history of prior thromboembolic event. She has not undergone a major surgical procedure. Therefore, this request was not medically necessary.

**Venaflow calf cuff x 2 purchase:** 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, Venous Thrombosis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl):e351 S-418 S and Suppl: 195 S-e226 S.

**Decision rationale:** The claimant sustained a work injury in June 2014 and underwent an arthroscopic right rotator cuff decompression and repair on 01/29/15. Deep venous thrombosis prophylactic therapy for prevention of DVT is routinely utilized in the inpatient setting with major abdominal, pelvic, extremity or neurologic surgery, or following major trauma. In this case, the claimant has no identified high risk factors for developing a lower extremity or upper extremity deep vein thrombosis or history of prior thromboembolic event. She has not undergone a major surgical procedure. Therefore, this request was not medically necessary.