

<b>Case Number:</b>	CM15-0095207		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	06/29/2014
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 28-year-old female, who sustained an industrial injury on 6/29/2014. She reported a slip and fall resulting in injury of the left shoulder. The injured worker was diagnosed as having left shoulder impingement, and shoulder region joint derangement, and multi directional glenohumeral instability of the left shoulder. She has a history of slip and fall with left shoulder dislocation with cervical strain, post injury left shoulder rotator cuff defect with probable labral injury and possible residual instability, pre-existing history of left shoulder non- work related injuries requiring 4 surgeries, and pre-existing aggravation of left shoulder injury secondary to motor vehicle accident. Treatment to date has included right rotator cuff surgery (2005), left rotator cuff surgery (2005, 2009), left bicep reattachment (2009), medications, x-rays of left shoulder (2/23/2015), and left shoulder surgery (4/17/2015). The request is for a pneumatic intermittent compression of left shoulder. There is no indication in the records regarding the duration of the use of this device, or whether it is to be purchased or rented. On 9/15/2014, she had continued left shoulder pain with radiation into the upper mid back and down the left arm with associated numbness and tingling. On 2/23/2015, she had continued left shoulder pain with radiation to the biceps and associated numbness and tingling from the elbow to the fingers. Physical findings revealed forward flexion limited, external rotation extremely limited, supination has intraarticular biceps pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pneumatic Int Compression left shoulder (length of rental or purchase not indicated):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, DVT prophylaxis.

**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 with injury to the left shoulder. She had a history of multiple left shoulder surgeries prior to her injury. When seen, she had undergone arthroscopic surgery for instability of the shoulder. There were expected postoperative findings. She was to wear an immobilizer at all times and range of motion was prohibited entirely. 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 deep vein thrombosis or history of prior thromboembolic event. Although she recently underwent arthroscopic surgery, this was not a major surgical procedure. Therefore, this request is not medically necessary.