

<b>Case Number:</b>	CM15-0096482		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Illinois, California, Texas  
 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 47-year-old female who sustained an industrial injury on 10/30/12. Injury occurred when she was the back seat passenger in a car that stopped twice suddenly, causing her head to snap forward and back. Past medical history documented a positive tuberculosis test, migraine headaches, and fibromyalgia. Past surgical history was positive for C5/6 and C6/7 anterior cervical discectomy and fusion on 10/27/13. The 1/17/13 right shoulder MRI impression documented acromioclavicular joint degenerative changes with small erosive articular surface changes with edema and capsular hypertrophy. There were no rotator cuff or labral tears seen. Records indicated that the injured worker had failed recent corticosteroid injection and physical therapy for the right shoulder. The 2/17/15 progress report requested authorization for right shoulder arthroscopy with subacromial decompression and Mumford procedure. The 3/25/15 utilization review decision certified the request for right shoulder surgery and an associated 7-day rental of a cold therapy unit. The 3/31/15 treating physician report cited continued right shoulder pain, increased with reaching and lifting and at night. Right shoulder exam documented decreased range of motion, acromioclavicular joint pain, positive impingement sign, rotator cuff tenderness, and minimal tenderness at the bicipital groove. The treatment plan recommended right shoulder surgery and possible rotator cuff repair. Authorization was also requested for a post-operative pneumatic intermittent compression device, to prevent DVT (deep vein thrombosis). The right shoulder arthroscopic surgery was scheduled and subsequently performed on 4/29/15. Authorization was requested on 4/29/15 for a pneumatic intermittent compression device to prevent deep vein thrombosis (DVT). The 5/5/15

utilization review non-certified the request for a post-op pneumatic intermittent compression device as outpatient surgery was anticipated and there was no documentation of a pre-existing medical need.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Post-Operative Pneumatic Intermittent Compression Device, to prevent DVT (deep venous thrombosis): 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 (Acute & Chronic) - Venous thrombosis, Compression garments.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Deep vein thrombosis (DVT); Venous Thrombosis.

**Decision rationale:** The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in upper extremity procedures. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request is not medically necessary.