

<b>Case Number:</b>	CM14-0151865		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	04/06/2013
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

37-year-old female claimant with industrial injury reported of April 6, 2013. Patient is status post left elbow medial condyle debridement performed on July 11, 2014. Preoperative history and physical on July 7, 2014 demonstrated past surgical history significant for arthroscopy of right knee arthroscopy left shoulder arthroscopy, tubal ligation and tonsillectomy. Family history is negative for appreciable history of deep vein thrombosis. Physical exam demonstrates normal contour to the left elbow. Range of motion is noted to be full extension 240 of flexion 80 supination, 80 pronation. There is minimal tenderness to palpation at the lateral epicondyle, moderate tenderness to palpation medial condyle. The patient has a negative Tinel's at the elbow; Pain is noted with resisted passive wrist motion, with mild pain with resisted wrist extension. The elbows noted to be stable to varus and valgus stress at 0-30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pneumatic Appliance Half leg Internal Limb Comp Device 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 Official Disability Guidelines (ODG) Shoulder, Compression Garments

**Decision rationale:** CA MTUS/ACOEM and ODG is silent on compression garments for DVT prophylaxis for the elbow. Alternative guidelines were therefore utilized. According to ODG, Shoulder section, Compression garments, "Not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors." In this case there is no evidence of risk factor for DVT in the clinical records from 7/7/14. Therefore the determination is for not medically necessary for the DVT compression garments.