

<b>Case Number:</b>	CM13-0013336		
<b>Date Assigned:</b>	02/13/2014	<b>Date of Injury:</b>	04/19/2011
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 Internal Medicine 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:

The patient is an injured worker, with a diagnosis of right knee ACL tear. The date of injury is 04-19-2011. Mechanism of injury is n object fell on extended right knee, causing hyperextension injury. The operative report dated 05-30-2013 documented diagnoses: status post right ACL reconstruction plus partial tear of ACL graft, right ACL graft. The procedure performed was a partial resection of the torn portion of his ACL graft and roof and notchplasty to remove bone that was impinging on the graft. The surgery was Arthroscopic. The operative report dated 07-28-2011 documented ACL tear diagnosis, and the performance of arthroscopic ACL reconstruction. The Orthopedic Agreed Medical Evaluation 03-21-2013 by [REDACTED] documented no history of deep venous thrombosis. PR-2 primary treating physician's progress report 07-09-2013 documented the patient's post-operative progress. Overall patient was pleased with his progress since surgery. The patient felt much better. Objective findings include well healed wounds, McMurray negative, Lachman negative, range of motion 0-130, neurologically intact. The treatment plan included physical therapy. Utilization review dated 07-23-2013 recommended non-Certification of the request for pneumatic intermittent compression device for DVT prophylaxis

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PNEUMATIC INTERMITTENT COMPRESSION DEVICE FOR DVT PROPHYLAXIS (RETROSPECTIVE).:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Chest Physicians, Antithrombotic Guidelines and Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery

**Decision rationale:** ACCP Recommendations for Knee Arthroscopy state "Clinicians should not use routine thrombosis prophylaxis to treat patients undergoing arthroscopic knee surgery; however, patients with additional preexisting risk factors for VTE or prolonged tourniquet time should be given LMWH for prophylaxis. Early mobilization alone is recommended." This patient had arthroscopic knee surgery on 05-30-2013. The patient does not have a history of prior VTE. American College of Chest Physicians (ACCP) Evidence-Based Clinical Practice Guidelines recommends no thromboprophylaxis. The clinical guidelines do not support the medical necessity of DVT prophylaxis, such as pneumatic intermittent compression device. Therefore, the request for pneumatic intermittent compression device for DVT prophylaxis is not medically necessary.