

<b>Case Number:</b>	CM13-0026649		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	10/15/2003
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

Based on Official Disability Guidelines criteria as California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent, the role of this device would appear necessary. The claimant underwent a right total knee arthroplasty which does come with high risk of postoperative venothrombotic events. Guideline criteria into the role of vasopneumatic devices and compression garments would support the role of compression devices and a Deep vein thrombosis home unit in this case. All the above forms of treatment have been shown in randomized clinical trials to support the risk of postoperative venothrombotic event. Given the nature of the claimant's recent surgical process, the use of these home devices would appear to have been medically warranted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVTmax home unit and pneumatic compression wraps:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Based on Official Disability Guidelines criteria as California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent, the role of this device would appear necessary. The claimant underwent a right total knee arthroplasty which does come with high risk of postoperative venothrombolytic events. Guideline criteria into the role of vasopneumatic devices and compression garments would support the role of compression devices and a DVT home unit in this case. All the above forms of treatment have been shown in randomized clinical trials to support the risk of postoperative venothrombolytic event. Given the nature of the claimant's recent surgical process, the use of these home devices would appear to have been medically warranted.