

Case Number:	CM13-0033527		
Date Assigned:	12/06/2013	Date of Injury:	02/15/1995
Decision Date:	02/06/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/10/2013

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 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 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:

The pt is a 46 y.o. female with a h/o injury 2/15/95. Her diagnoses include chronic fatigue syndrome, fibromyalgia, intractable pain, osteoarthritis of knees and right meniscal tear. She had a right knee arthroplasty 8/23/13. Subsequently, she received Lovenox for DVT prophylaxis. A request was made 8/16/23 for a DVT max unit. UR denied this request on 9/6/13. An appeal was made 10/4/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVTMAX unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cecil's textbook of medicine 24th ed. Chapter 81 pg 505, Abrexis.com

Decision rationale: The Abrexis site which provides the DVT unit states that it is used for DVT prophylaxis, lymphedema, edema and venous insufficiency. The pt has no documented history of venous insufficiency, edema or lymphedema. Also there is no documentation of a high risk of

bleeding. Cecils states that in general-mechanical prophylaxis should be used as an adjunct to pharmacological prophylaxis or in pts with a high risk of bleeding. This includes antiembolic stockings. It is not documented in the record as to why this particular modality is being requested. Based on the above, the UR decision is not reversed. The request for a DVTMAX unit is not medically necessary and appropriate.