

Case Number:	CM13-0034092		
Date Assigned:	12/06/2013	Date of Injury:	06/20/2003
Decision Date:	02/11/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/11/2013

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:

The claimant is a 58-year-old female injured in a work related accident on 06/20/03. The medical records provided for review indicated that the claimant had failed a course of conservative care for her right knee for which total joint arthroplasty was recommended. A 08/05/13 assessment by [REDACTED] documented the continued need for the above procedure despite conservative care that had failed. He cited the need for prophylactics postoperatively for venous thrombosis documenting risk factors of age, obesity and major surgery to the lower extremity. A VascuTherm intermittent pneumatic compression device for 23-day rental was recommended for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

VascuTherm Intermittent pneumatic compression device for DVT, rental for 23 days:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Forearm/Wrist/Hand procedure.

Decision rationale: Based on Official Disability Guidelines criteria (as the MTUS/ACOEM Guidelines are silent), a VascuTherm compression device would not be indicated. While the device would be recommended to reduce edema after an acute injury, ODG guidelines do not support the need for a greater than three week rental as being recommended in this case. Prophylactics following a total joint replacement would include use of short term compression devices followed by anticoagulative therapy and aggressive physical therapy to advance weight bearing and thus lower extremity blood flow. The 23-day rental as requested in this case would exceed guideline criteria and would not be indicated at present.