

Case Number:	CM13-0036684		
Date Assigned:	12/13/2013	Date of Injury:	05/01/2008
Decision Date:	04/02/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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, has a subspecialty in Pulmonary Diseases, 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 patient is a 42-year-old who reported injury on 05/01/2008. The mechanism of injury was noted to be boxes from a pallet that was being placed on the floor fell and hit the patient. The patient fell backwards to the floor and the boxes fell on top of him. The patient was noted to have an anterior cruciate ligament reconstruction for the knee on 01/05/2009. Documentation of 09/16/2013 revealed that the patient had progressive worsening of the knee pain and had 2 previous arthroscopic surgeries with the arthroscopy showing advance chondromalacia. The patient x-ray showed joint space narrowing with osteophyte formation. The patient had tried multiple injections but continued to be symptomatic and had limitations in activities of daily living. It was indicated the patient's knee gives out on him and he has fallen even with the use of a walking aid and a brace. The request was made for right knee arthroplasty, Thermocool hot and cold contrast therapy with compression, Combo Care 4 electrotherapy, continuous passive motion machine, deep vein thrombosis prophylaxis, front wheel walker for the patient to use postoperatively, lovenox 30 mg #28 subcutaneous twice a day for 14 days, and 12 sessions of postoperative physical therapy. The patient's diagnoses were noted to include status post right knee anterior cruciate ligament reconstruction x2 with posttraumatic arthrosis and posterior cruciate ligament deficiency right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

A deep vein thrombosis unit: 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 Official Disability Guidelines (ODG), Knee & Leg Chapter, Venous Thrombosis Chapter.

Decision rationale: The Official Disability Guidelines indicate that patients should be identified who are at high risk of developing deep vein thrombosis and be provided prophylactic measures such as oral anticoagulation therapy. Clinical documentation submitted for review failed to indicate the patient was at high risk of developing venous thrombosis. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate whether the unit was for rental or purchase. The request for a deep vein thrombosis unit is not medically necessary or appropriate.