

Case Number:	CM13-0046016		
Date Assigned:	12/27/2013	Date of Injury:	12/20/2012
Decision Date:	05/16/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine & Rehabilitation, 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 injured worker is a 60-year-old male who reported an injury on 12/20/2012. The mechanism of injury was the injured worker was working when a dishwasher door with a broken spring fell on his right knee, causing him to fall to the ground on both knees on a ribbed floor mat. The documentation of 06/18/2013 revealed the injured worker had complaints of right and left knee pain, swelling, clicking, catching, locking and crepitus. The treatment plan included a meniscectomy and chondroplasty of the right knee. The injured worker was noted to need a total knee replacement on the left knee. The diagnoses included primarily localized osteoarthritis of the lower leg. The clinical documentation indicated the injured worker was approved for the surgery. The request was made for 30 day VascuTherm for postoperative DVT prophylaxis and a hot/cold compression of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRTY (30) DAY VASCUTHERM FOR POST-OPERATIVE DVT PROPHYLAXIS:

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), KNEE & LEG CHAPTER.

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

Decision rationale: The Official Disability Guidelines recommend identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. The clinical documentation submitted for review failed to indicate the injured worker was at risk for venous thrombosis. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for 30 day VascuTherm for postoperative DVT prophylaxis is not medically necessary.

HOT/COLD COMPRESSION OF THE RIGHT KNEE:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), KNEE & LEG CHAPTER.

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, CONTINUOUS-FLOW CRYOTHERAPY

Decision rationale: The Official Disability Guidelines recommend continuous flow cryotherapy postoperatively for up to 7 days. There is a lack of documentation indicating a necessity for a hot and cold compression unit. The request as submitted failed to indicate if the request was for purchase or rental and the duration of care. Given the above, the request for hot/cold compression of the knee is not medically necessary.