

<b>Case Number:</b>	CM13-0055189		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/02/2013
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 expert 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 41-year-old female with a date of injury of 02/02/2013. The listed diagnoses per [REDACTED] dated 09/18/2013 are: 1) Status post left knee arthroscopy, removal of loose body and chondroplasty dated 09/18/2013, 2) Discogenic disease of the dorsal spine, 3) H. pylori infection of the digestive tract with probable gastroesophageal reflux disease. According to report dated 09/18/2013 by [REDACTED], patient is status post left knee arthroscopy and is request a Q-Tech cold therapy recovery system with 1 deep vein thrombosis prevention system for the patient to use after surgery up to 35 days for 6 to 8 hours or as needed. There is no discussion as to why she is requesting a Deep vein thrombosis (DVT) prevention system.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 DVT PREVENTION SYSTEM: 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 (ODG) Official Disability Guidelines.

**Decision rationale:** The patient is status post left knee arthroscopy dated 09/18/2013. The treating physician requests 1 deep vein thrombosis prevention system for postoperative use at home up to 35 days for 6 to 8 hours or as needed. The MTUS and ACOEM Guidelines do not discuss Deep vein thrombosis (DVT)s. However, the ODG Guidelines have the following regarding venous thrombosis, "Recommended identifying subjects at a high risk of developing venous thrombosis and providing prophylactic measure such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risks of venous thrombosis. Aspirin may be the most effective choice to prevent pulmonary embolism and venous thromboembolism in patients undergoing orthopedic surgery. The latest AHRQ Comparative Effectiveness Review of venous thromboembolism in orthopedic surgery concluded that there are inadequate data to make very many recommendations." In this case, there are no discussions as to why DVT system is being requested as there is no documentation of the patient being "high risks" of developing venous thrombosis. Furthermore, ODG Guidelines recommend a simple use of ASA. Furthermore, the requested continuous flow cryotherapy exceeds 7days post-op use recommendation by ODG guidelines. The request is not medically necessary and appropriate.