

Case Number:	CM13-0055340		
Date Assigned:	12/30/2013	Date of Injury:	03/23/2007
Decision Date:	05/19/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 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 claimant is a 49-year-old gentleman who was injured on 03/23/07. The records provided for review documented that following a course of conservative care on 06/22/13, the individual underwent arthroscopy of the knee, medial meniscectomy, exploration of plica, chondroplasty and thermal shrinkage of the ACL. Postoperatively, the claimant was provided bilateral DVT compression devices for use in the postoperative period. The records did not identify any significant risk factors or underlying comorbidity for development of a venous thrombotic event. This is a retrospective request for the postoperative use of compression devices for this individual.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR DURABLE MEDICAL EQUIPMENT; DEEP VENOUS THROMBOSIS COMPRESSION DEVICE, SLEEVES FOR DOS 6/20/13:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG KNEE AND LEG CHAPTER VENOUS THROMBOSIS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Procedure, Venous Thrombosis.

Decision rationale: The California MTUS and ACOEM Guidelines do not address these devices. The Official Disability Guidelines do not support the request for use of a deep venous thrombosis compression device. This individual underwent an outpatient knee arthroscopy. Postoperative course of care would have included a weightbearing recovery period. The medical records do not document that this individual has a significant history of risk factors to support the need for long term DVT prophylactics with compression devices. In general, while the Official Disability Guidelines support the use of these devices after major lower extremity surgery such as arthroplasty, in the setting of an outpatient arthroscopic procedure as performed in this case, the DVT device would not be medically necessary.