

<b>Case Number:</b>	CM13-0060784		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Pennsylvania. 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 62-year-old female who was hit by a car in a work-related accident on 12/07/12 and sustained injuries to her left shoulder and left knee. On 07/12/13, the claimant underwent a diagnostic arthroscopy of the left shoulder, subacromial decompression, and arthroscopy. Preoperatively, in June 2013, the claimant was examined and determined to be a low risk for the surgery. The claimant has continued with shoulder symptoms and is diagnosed with adhesive capsulitis. The claimant is scheduled to undergo left knee arthroscopy, chondroplasty, and partial meniscectomy. Postoperative physical therapy and a Q-tech DVT prevention system for home use for twenty-one (21) days has been recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Q-TECH DEEP VEIN THROMBOSIS (DVT) PREVENTION SYSTEM, POST-SURGERY FOR HOME USE FOR TWENTY-ONE (21) DAYS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee 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) Treatment in Worker's Comp; 18th Edition; 2013 Updates; Chapter Knee: Venous Thrombosis.

**Decision rationale:** The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. The Q-tech deep vein thrombosis (DVT) prevention system at home for twenty-one (21) days is not indicated and appropriate following arthroscopic surgery. Cryotherapy is reasonable for use seven (7) days postoperative, but thereafter, it is not necessary. A preoperative clearance determined that the claimant was a low risk surgical candidate. There is also no documentation that the claimant has any co-morbid factors to put her at risk for deep vein thrombosis to warrant prophylaxis. These medical records do not support this indication of this treatment modality.