

<b>Case Number:</b>	CM14-0005271		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/29/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Internal Medicine 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 injured worker is a 39-year-old male who reported an injury on 06/29/2012 due to a twisting motion to prevent a fall. The injured worker developed right knee pain and low back pain due to overcompensation for the left knee. The injured worker's treatment history included right knee surgery in 2004, activity modifications, physical therapy, medications, and assisted ambulation. The injured worker was evaluated on 11/25/2013 and it was determined that the injured worker would undergo right knee arthroscopy with debridement due to right knee internal derangement with a meniscus tear. Physical findings included a positive McMurray's test, weakness with right knee extension and flexion, and medial joint line tenderness of the right knee. The injured worker's treatment plan included deep vein thrombosis prophylaxis to prevent venothromboembolism status post surgical procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DEEP VEIN THROMBOSIS PROPHYLAXIS:** 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 and Leg Chapter, Venous thrombosis

**Decision rationale:** California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend deep vein prophylaxis for period of immobilization when the injured worker is at risk or has significant risk factors for the development of postsurgical deep vein thromboembolic episodes. The clinical documentation submitted for review does not provide any evidence that the injured worker has any comorbidities that would put them at risk for development of a postsurgical deep vein thrombosis. Additionally, the clinical documentation does not clearly identify that the injured worker will be immobilized for long periods of time postsurgically. As such, the requested deep vein thrombosis prophylaxis is not medically necessary or appropriate.