

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0009131 | | |
| Date Assigned: | 02/12/2014 | Date of Injury: | 11/02/2010 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 01/05/2014 |
| Priority: | Standard | Application Received: | 01/23/2014 |

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 Orthopedic Surgery, has a subspecialty in Sports Medicine 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 51-year-old gentleman who sustained an injury to the right knee on November 2, 2010. The report of an August 21, 2013 venous Doppler study of the right lower extremity identified two deep venous thrombi. According to the records the claimant is being treated with Coumadin for the diagnosis of deep vein thrombosis (DVT). The January 6, 2014 Utilization Review did not support the request for a revision right total knee replacement and there is no documentation in the records for review that indicates that the surgical process has been recommended as medically necessary. In accordance with request for revision arthroplasty, there was a preoperative request for placement of an IVC filter. It was the recommendation of the Utilization Review that the filter would be appropriate given the claimant's recent DVT history and subsequent anticoagulation should the need for revision knee arthroplasty take place. This review is for the IVC filter placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

IVC FILTER PLACEMENT: 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 Procedure - Venous Thrombosis.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. Based upon the Official Disability Guidelines, the role of an IVC filter placement would not be indicated. While a filter would be appropriate for this claimant should arthroplasty revision take place, there is currently no documentation to support the role of the surgical process. The lack of documentation that the surgery has been determined to be medically necessary would fail to support the role of an IVC filter in this individual who is well managed on the current anticoagulation regimen.