

Case Number:	CM14-0112300		
Date Assigned:	08/01/2014	Date of Injury:	02/12/2013
Decision Date:	10/10/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 29-year-old male was reportedly injured on 2/12/2013. The mechanism of injury was noted as a fall off a ladder. The claimant underwent left knee arthroscopic surgery on 4/18/2014. The most recent progress note, dated 6/19/2014, indicated that there were ongoing complaints of left knee pain and weakness. Physical examination of the left knee demonstrated incision well healed, slight swelling of the soft tissue anteriorly without erythema or edema or effusion, good patellofemoral tracking, nontender calf, quadriceps atrophy, knee flexion almost 120 and extension 0. No recent diagnostic imaging studies available for review. Previous treatment included left arthroscopic knee surgery, postoperative physical therapy and medications. A request had been made for DVT intermittent limb compression device, left knee retro 04/18/14, which was not certified in the utilization review on 7/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for DVT Intermittent Limb Compression Device, Left Knee (DOS 04/18/14): 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) ODG - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Knee & Leg (Acute & Chronic) - Venous Thrombosis (updated 08/25/14).

Decision rationale: MTUS/ACOEM practice guidelines do not address this request. The ODG references AAOS and states "unless contraindicated, mechanical compression should be utilized for both total hip and knee arthroplasty for all patients in the recovery room and during the hospital stay". Guidelines support mechanical thromboprophylaxis with the VFP (venous foot pump) or IPC (intermittent pneumatic compression) for patients with a high risk of bleeding. The guidelines do not support mechanical compression devices for arthroscopic knee surgery. Review of the available medical records fails to document a history of previous deep vein thrombosis or that the patient is considered high risk for thrombosis. Review of a fax dated 8/6/2014 documents that the surgeon requested a cold therapy unit postoperatively, and at no time was a DVT intermittent limb compression device requested. The request for Retrospective Request for DVT Intermittent Limb Compression Device, Left Knee (DOS 04/18/14) is not medically necessary.