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| <b>Case Number:</b>   | CM14-0131843 |                              |            |
| <b>Date Assigned:</b> | 08/20/2014   | <b>Date of Injury:</b>       | 01/22/2014 |
| <b>Decision Date:</b> | 11/06/2014   | <b>UR Denial Date:</b>       | 07/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/18/2014 |

### 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 Occupational 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:

There were 77-pages provided for this review. The application for independent medical review was signed on August 12, 2014. It was for a deep venous thrombosis unit rental for 30 days. Per the records provided, this claimant was born on [REDACTED]. The injury was January 22, 2014. The claimant is a 50-year-old who reported an injury while driving a truck. He bumped over a pothole, and he hit his right knee on the steering wheel and injured his back and head. An MRI of the right knee done on March 17, 2014 showed blunting of the free edge of the anterior horn of the lateral meniscus. A tear was not excluded. There were mild degenerative changes in the posterior horn of the medial meniscus. There was a small joint effusion. Treatment has included medications, physical therapy and intra-articular injections. A right knee arthroscopy, internal medicine clearance for surgery, and postoperative physical therapy and crutches were certified. The last office visit reviewed was June 27, 2014. It noted that the claimant complained of constant right knee pain rated as 7 to 8 out of 10. There was knee effusion, crepitus with range of motion, four out of five strength, knee tenderness and 0 to 125 of active range of motion. The specific type of unit was not specified. There was no documentation of medical conditions that would place the employee at a greater risk for deep venous thrombosis development. There was no known surgical history. He does not smoke. He drinks alcohol two per week. He does have sleep apnea. He has paresthesia in the extremities but they are not under treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT Unit Rental x 30 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg 2014

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

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in regards for compressive devices for deep venous thrombosis prevention: Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is 3-fold greater following minor injury, especially if injury occurs in the 4 weeks prior to thrombosis, is located in the leg, and involves multiple injuries or rupture of muscle or ligament. Risk for venous thrombosis is higher in those with leg injury combined with family history of venous thrombosis (12-fold risk), Factor V Leiden mutation (50-fold risk), or Factor II 20210A mutation (9-fold risk). (van Stralen, 2008). In this case, the patient lacks significant risk factors for deep venous thrombosis, such that I would not agree with the compression rental following the surgery. The request for DVT (Deep Venous Thrombosis) Unit Rental x 30 days is not medically necessary.