

<b>Case Number:</b>	CM14-0136741		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	10/17/2003
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 438 pages provided for this review. The application for the independent medical review was signed on August 7, 2014. It was for a knee continuous passive motion machine for 14 days from June 11 to June 24. The employee reportedly has right knee arthritis. She was approved for a total knee arthroplasty. It was felt that the CPM might credit met criteria but the vascular DME (durable medical equipment) for 14 days did not. There was no risk for postoperative deep vein thrombosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (6/4-6/17) VascuTherm x 14 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg 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) Knee, under Deep Venous Thrombosis and prophylaxis and compression wraps.

**Decision rationale:** The ODG notes in regards for compressive devices for deep venous thrombosis prevention that they are recommended for identifying subjects who are at a high risk

of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. This patient lacks significant risk factors for deep venous thrombosis, such that I would not agree with the compression rental following the surgery. The request is not certified.