

<b>Case Number:</b>	CM14-0156109		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	09/28/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Family 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:

This is a 49-year-old female who reported an industrial injury to the right knee on 9/28/2013, over one (1) year ago, attributed to the performance of her usual and customary job duties. The patient was diagnosed with internal knee derangement with the medial meniscal tear. The MRI of the right knee dated 5/14/2014 documented evidence of a small effusion and radial tear of the posterior omitted medial meniscus. The patient was initially treated with conservative care including 12 sessions of physical therapy, which provided no sustained functional improvement. The patient was authorized surgical intervention to the right knee for a partial meniscectomy. In addition to the surgical procedure, a request was made for crutches; seven-day rental of Polar Care unit; and a 10-day rental of deep vein thrombosis machine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 DAY RENTAL OF DEEP VEIN THROMBOSIS MACHINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter-arthroscopy with subacromial decompression; venous thrombosis; compression garments Other

Medical Treatment Guideline or Medical Evidence: general disciplinary guidelines for the practice of medicine

**Decision rationale:** The operative pneumatic intermittent compression unit or DVT sequential unit was not demonstrated to be medically necessary over the available bilateral lower extremity wrapping for the operative procedure of partial medial meniscectomy with debridement. The ODG recommends monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subject who are at high risk of developing venous thrombosis and providing prophylactic measures, such as, consideration for anticoagulation therapy. The risk of DVT formation is based on the relative risk depends on the invasiveness of the surgery; the postoperative immobilization; and the use of central venous catheters. The requesting provider did not demonstrate that the patient was at high risk for DVT. There is no demonstrated evidence that the patient is unable to utilize lower extremity wraps or hose. There is no demonstrated medical necessity for the dispensed pneumatic intermittent compression unit as prescribed. It is noted that the invasiveness of the surgical procedure to the elbow and wrist would be low and thus the risk for DVT is low. There was no rationale provided by the requesting provider to support the medical necessity of the DVT/pneumatic intermittent compression unit. The prescription and subsequent dispensed intermittent compression device was not demonstrated to be medically necessary for the procedure of partial meniscectomy with debridement. The official disability guidelines state that although mechanical methods to reduce the risk of deep vein thrombosis there is no evidence that they reduce the main threat, the risk of pulmonary embolism, fatal PE or total mortality. Pharmacological methods significantly reduce all of these outcomes. They recommend stockings for the prevention of VTE. Mechanical deep vein thrombosis machines are recommended for patients undergoing total knee arthroplasty or hip replacement. They are not recommended for an arthroscopic partial meniscectomy. There is no demonstrated medical necessity for the 10-day rental of a DVT machine therefore, this request is not medically necessary.