

<b>Case Number:</b>	CM14-0030661		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/29/1996
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 54-year-old female with a date of injury of 03/29/1996. The listed diagnosis per Dr. Fenison is status post arthroscopic debridement of the left knee on 08/27/2013. According to progress report 09/06/2013, the patient is doing fairly well, but is still having some difficulty with pain management following her surgery. Examination of the left knee revealed sutures are in place. There is mild to moderate swelling noted. She has range of motion from 10 to 95 degrees. There is no instability. There varus or valgus stress. She continues to exhibit diffuse tenderness about the left knee. The provider is requesting retrospective request for intermittent limb compression device (VenaFlow), dispensed on 08/27/2013. Utilization Review denied the request on 02/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Intermittent Limb Comp Device (Venaflo): 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 and Leg Venous Thrombosis.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-

MTUS Official Disability Guidelines (ODG) Continuous-Flow Cryotherapy,  
Shoulder Chapter.

**Decision rationale:** This patient is status post left knee arthroscopy on 08/27/2013. This is a retrospective request for an intermittent limb compression device (VenaFlow). The device was requested for the date of service of 08/27/2013. Utilization Review denied the request stating the current request for an intermittent compression device is not accompanied by any clinical finding or rationale. The ACOEM and MTUS guidelines do not discuss DVT compression devices. ODG has the following regarding Venous thrombosis: "Recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." In this case, there is no indication venous thromboembolism prevention is medically necessary in this patient. Furthermore, the treater does not discuss recommended duration of use. The MTUS Guideline recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. The use of the cold therapy unit outside of the postoperative 7 days is not medically necessary and recommendation is for denial.

