

Case Number:	CM14-0033203		
Date Assigned:	06/20/2014	Date of Injury:	07/05/2013
Decision Date:	07/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/17/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for bilateral knee pain reportedly associated with a trip and fall industrial contusion injury of July 5, 2013. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, topical compounded agents, MRI imaging of the knee on December 11, 2013, notable for a medial meniscal tear and apparent partial medial meniscectomy surgery on February 5, 2014. In a utilization review report dated February 20, 2014, the claims administrator apparently denied a request for a DVT prevention system for home use x35 days, citing guidelines from the Annals of Surgery. It was stated that the applicant was ambulatory and did not have any significant risk factors for DVT. In an earlier progress note of December 4, 2013, it was suggested that the applicant had issues with diabetes and dyslipidemia, medication-controlled on metformin. It appears that the DVT compression device in question was retrospectively sought via a request for authorization form dated February 14, 2014. No clinical progress notes or rationale were attached. In a handwritten progress note of the same day, February 14, 2014, the applicant was placed off of work, on total temporary disability, following knee arthroscopy on February 6, 2014. Soma, topical compounds, and physical therapy were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech Deep Vein Thrombosis (DVT) Prevention System for home use times 35 days (6 to 8 hours) to right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Bone Joint Surg Br, 2004 Aug;86(6):809-12, 02/04/2004; Annals Of Surgery, 2004;239(2)@ 2004 Lippincott Williams &: Wilkins.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery.

Decision rationale: The California MTUS does not address the topic of DVT prophylaxis following knee arthroscopy surgery. As noted by Medscape, the American College of Chest Physicians (ACCP) states that applicants undergoing arthroscopic knee surgery should not undergo routine thrombosis prophylaxis absent evidence of pre-existing risk factors for venous thromboembolism. In this case, there is no evidence that the applicant had any clear risk factors for venous thromboembolism. There is no evidence that the applicant's knee arthroscopy required prolonged tourniquet time. There is no evidence that the surgery was complicated in any way and/or prolonged in any way. In short, no evidence was set forth to support the proposition that the applicant was at heightened risk for development of postoperative DVT. Therefore, the request was not medically necessary.