

<b>Case Number:</b>	CM14-0060453		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 and Rehabilitation 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 45-year-old patient sustained an injury on March 18, 2010 while employed by [REDACTED]. Request(s) under consideration include DVT (deep vein thrombosis) prevention system for the left knee. Diagnoses included Lumbago; lumbar disc displacement; medial and lateral meniscal tear. The patient is s/p left knee arthroscopic meniscal repair with certified pre-op clearance and post-operative physical therapy of twice weekly for six weeks. Treatment has included the above request for Q-Tech Cold Therapy Recovery System with uses hot/cold therapies noted to combat pain and swelling while simultaneously using DVT/Compression therapy to increase blood circulation and lower risk of prophylaxis. Request(s) for DVT prevention system for the left knee was non-certified on April 15, 2014 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT (deep vein thrombosis) prevention system for the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cryotherapy/Cold & Heat Packs, pages 381-382; Vasopneumatic Cryotherapy (Knee, pages 292); Venous

Thrombosis (knee), page 356-358 Continuous-flow cryotherapy Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use.

**Decision rationale:** This 45-year-old patient sustained an injury on March 18, 2010 while employed by [REDACTED]. Request(s) under consideration include DVT prevention system for the left knee. Diagnoses included Lumbago; lumbar disc displacement; medial and lateral meniscal tear. The patient is s/p left knee arthroscopic meniscal repair with certified pre-op clearance and post-operative physical therapy of twice weekly for six weeks. Treatment has included the above request for Q-Tech Cold Therapy Recovery System with uses hot/cold therapies noted to combat pain and swelling while simultaneously using DVT/Compression therapy to increase blood circulation and lower risk of prophylaxis. DVT/Compression Q-Tech Cold Therapy unit delivers both cold/ compression without need of ice directly to the cold wrap along with pneumatic compression aiding venous return. During the weeks following surgery, mobility is an issue, making the vascutherm unit necessary in preventing any risk of DVT developing while being immobile for multiple hours at a time. Per manufacturer, the device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. The patient underwent an arthroscopic knee surgery for meniscal repair; however, the provider does not identify specific risk factors for DVT prophylaxis. Per Guidelines, although DVT prophylaxis is recommended to prevent venothromboembolism (VTE) for patient undergoing total knee or total hip arthroplasty/replacement, it is silent on its use for arthroscopic meniscal repair surgery. Some identified risk factors identified include major lower limb surgeries, use of hormone replacement therapy or oral contraceptives, and obesity, none of which apply in this case. Submitted reports have not demonstrated factors meeting criteria especially rehabilitation to include mobility and exercise are recommended post-knee surgical procedures as a functional restoration approach towards active recovery. MTUS Guidelines is silent on specific use of cold compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. The ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for seven day post-operative period as efficacy has not been proven after. Submitted reports have not demonstrated the medical necessity outside the recommendations of Guidelines criteria. The request for a DVT prevention system for the left knee is not medically necessary and appropriate.