

Case Number:	CM14-0063488		
Date Assigned:	07/11/2014	Date of Injury:	10/12/2010
Decision Date:	08/08/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/06/2014

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 Orthopaedic Surgery, 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 35-year-old male correctional officer sustained an industrial injury on 10/12/10. Injury occurred when his foot got caught and an inmate smashed his knee. Past medical history was negative. Past surgical history was positive for right knee surgery in 2007 and right knee arthroscopic chondroplasty, partial lateral meniscectomy, and lateral retinacular release on 4/29/11. He underwent right knee arthroscopy, chondroplasty, and microfracture on 2/14/14 and was treated post-operatively with a VascuTherm unit and physical therapy. The provider has submitted a request for authorization of the VascuTherm unit from 2/14/14 to 3/16/14. There was no documentation that this patient was a high risk for developing deep vein thrombosis (DVT). Physical therapy was ordered on 2/27/14. The 4/22/14 utilization review denied the request for rental of the VascuTherm unit as there was no medical necessity documented in the clinical records to support the use of DVT prophylaxis consistent with evidence based medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Prophylaxis unit Rental.: 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, (Acute & Chronic) Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous Thrombosis.

Decision rationale: The California MTUS guidelines are silent with regard to the requested item and DVT prophylaxis. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guideline criteria have not been met. There is no evidence that this patient was at moderate to high risk for venous thromboembolism or, if risk factors exist, that pharmacologic therapy was contraindicated or compression stockings insufficient. Therefore, this request for DVT prophylaxis unit rental is not medically necessary.

Intermittent Limb Therapy (VascuTherm): 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, (Acute & Chronic) Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous Thrombosis.

Decision rationale: The California MTUS guidelines are silent with regard to the requested item and DVT prophylaxis. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guideline criteria have not been met. There is no evidence that this patient was at moderate to high risk for venous thromboembolism or, if risk factors exist, that pharmacologic therapy was contraindicated or compression stockings insufficient. Therefore, this request intermittent limb therapy (VascuTherm) is not medically necessary.