

Case Number:	CM14-0072070		
Date Assigned:	07/16/2014	Date of Injury:	10/14/1998
Decision Date:	10/15/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/19/2014

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 Montana. 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 injured worker has a date of injury of 10/14/98 doses of end-stage osteoarthritis of both knees. He had a right total knee arthroplasty on 4-14 and a left total knee arthroplasty on 5/6/14. The records show request for durable medical equipment, left knee DVT unit to be rented for 2 weeks following his surgery on the left knee. Utilization review did not certify that request but modified request for compression garments. The medical records document that upon discharge from the hospital on 5/8/14 it was recommended that he use by high TED hose when out of bed. Postoperative follow-up 8 weeks after his left total knee replacement show that he was doing well with no documentation of complications including DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: 2 - Weeks Rental of DVT Unit wiht Knee Wraps x 2 for Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Knee and Leg Procedure Summary last updated (03/31/2014), Compression Garments.

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, Compression Garments Other Medical Treatment Guideline or Medical Evidence: Product

information for DVT Max, Published risk factors for DVT by the Centers for Disease Control and Mayo Clinic

Decision rationale: The MTUS does not address the request for DVT intermittent pneumatic compression units and supplies. The DVT unit provides complete compression therapy approved for deep vein thrombosis prophylaxis, edema, lymphedema and venous insufficiency. The utilization review did not certify the DVT intermittent compression unit but recommended use of compression garments. The ODG guidelines note that there is good evidence for use of compression however there is little known about dosimetry and compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of edema and deep vein thrombosis. Mechanical methods have been shown to be a useful adjunct to anticoagulation therapy in reducing the incidence of DVT. Although mechanical compression does reduce the incidence of DVT to less than that found when prophylaxis is absent, these modalities are generally less effective at producing such reductions than are pharmacologic methods. Shorter lengths of hospital stays make the use of mechanical methods alone ineffective in preventing DVT in the critical weeks after joint replacement. No mechanical prophylaxis method has been shown to reduce the risk of pulmonary embolism or death. The use of DVT intermittent pneumatic compression devices is therefore recommended primarily as an adjunct to anticoagulant-based prophylaxis or in patients who are at high risk of bleeding. No evidence is available however showing efficacy for the DVT compression units greater than standard compression garments. In this case medical records show that he did have both right and left total knee replacements. Postoperative treatment notes indicate that he did well with compression garments without postoperative complications, including DVT. The injured worker does have some risk factors for DVT including knee replacement and age greater than 60. Significant risk factors such as inherited blood clotting disorder, long periods of bedrest, prolonged sitting without ambulation, obesity, cancer, heart failure and a personal or family history of DVT are not documented. The request for DVT unit and supplies, to be rented for 2 weeks, is not medically necessary.