

<b>Case Number:</b>	CM14-0078382		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/12/2014
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	05/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 and is licensed to practice in Illinois. 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 is a 31-year-old male who reported an injury on 01/12/2014. The mechanism of injury occurred when his knee buckled after falling off a ladder. Diagnoses included medial meniscus tear and anterior cruciate ligament tear. Past treatments included ice, knee brace, and medications. Surgical history included right knee arthroscopy partial meniscectomy, partial synovectomy, and anterior cruciate ligament reconstruction on 02/11/2014. The clinical note dated 01/29/2014 indicated the injured worker complained of right knee pain rated 5/10. The physical exam revealed effusion in the right knee, positive anterior drawer test, positive Lachman's test, and positive pivot shift test. Current medications included Norco 10/325 mg. The treatment plan included a retrospective request for rental of deep vein thrombosis intermittent compression device for the right knee. The rationale for the request was not provided. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Rental Deep Vein Thrombosis Intermittent Compression Device, Right Knee:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.aaos.org/news/aaosnow/aug11/clinical1.asp> AAOS: American Academy of

Orthopaedic Surgeons / American Associates of Orthopaedic Surgeons. , Knee Arthroscopy and VTE: What are the Risks? By Peter Pollack.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hetsroni, I, (2011). Symptomatic pulmonary embolism after outpatient arthroscopic procedures of the knee. The Journal of Bone & Joint Surgery

**Decision rationale:** The retrospective request for rental of deep vein thrombosis intermittent compression device for the right knee is not medically necessary. The Journal of Bone & Joint Surgery indicates that symptomatic and proximal embolic disease is reported to affect less than 1% of patients who undergo arthroscopy of the knee. Therefore, a routine thromboprophylaxis is not usually recommended, but an individualized approach based on risk factors has been suggested for patients at high risk. The injured worker had a twisting injury of the right knee and underwent arthroscopic anterior cruciate ligament repair on 02/11/2014. There is a lack of clinical documentation to indicate that the injured worker was at high risk for a postoperative deep vein thrombosis. Therefore, routine thromboprophylaxis for this injured worker would not be recommended. Therefore, the retrospective request for rental of deep vein thrombosis intermittent compression device for the right knee is not recommended.