

Case Number:	CM14-0096148		
Date Assigned:	07/25/2014	Date of Injury:	01/23/2008
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/24/2014

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 66-year-old female sustained an industrial injury on 1/23/08, relative to a slip and fall. The injured workers past surgical history was positive for right knee arthroscopy on 5/10/12 and left total knee arthroplasty on 11/6/13. A right total knee replacement had been requested and medically necessary. A 21-day rental of a deep vein thrombosis (DVT) prevention device was requested. The 6/5/14 utilization review documented a telephone conversation with the physician's office indicating that the surgery had been denied due to medical problems. The request for a DVT device was denied as the surgery had been cancelled and the request withdrawn. The 7/2/14 treating physician report stated that the patient was unable to undergo surgery due to significant hypertension, which was now under control. Surgery was rescheduled for 7/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: intermittent limb compression device with DVT prevention, rental x 21 days with knee wrap for unit (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee & Leg. The request is considered irrelevant as the surgery has been cancelled and the request has been withdrawn.

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. Guidelines indicate mechanical compression should be utilized for total knee arthroplasty for all patients in the recovery room and during the hospital stay. The guideline criteria have not been met. This request for durable medical equipment use exceeds the recommended duration of treatment. There were no significantly increased DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated or standard compression stockings insufficient for post-hospital DVT prophylaxis therefore, this request for durable medical equipment, intermittent limb compression device with DVT prevention, rental x 21 days with knee wrap for unit (purchase) is not medically necessary.