

<b>Case Number:</b>	CM13-0042729		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

### 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 49-year-old male, with a reported date of injury of 08/19/2013. The diagnoses include tear of medial cartilage or meniscus of the right knee. Treatments included an MRI of the right knee, a right knee immobilizer, and a cane. The primary treating physician's initial report dated 09/05/2013 indicates that the injured worker complained of continuous neck pain, with radiation to his bilateral shoulders; continuous upper/mid back pain, with radiation to the bilateral shoulders; continuous bilateral shoulder pain, with radiation down both arms to the hands; and continuous localized right knee pain. He rated the right knee pain 4-5 out of 10. The injured worker had difficulty standing and walking for a prolonged period of time as well as going up and down stairs. An examination of the knees revealed no evidence of swelling, atrophy, bruises, discoloration, abrasion or laceration; decreased right knee flexion; and tenderness to palpation over the right quadriceps and hamstring muscles, right parapatellar, patella, and patellar tendon. On 09/19/2013, the treating physician requested the purchase of deep vein thrombosis (DVT) max and pneumatic compression wraps. The rationale for the request was not indicated. The medical report from which the request originates was not included in the medical records provided for review. On 09/26/2013, Utilization Review (UR) denied the request for the purchase of deep vein thrombosis (DVT) max and pneumatic compression wraps, noting that there was no indication that the injured worker was at a higher than normal risk for developing a deep vein thrombosis (DVT) and no indication that the use of pneumatic devices for DVT therapy was superior to the use of compression stockings. The Non-MTUS Official Disability Guidelines were cited.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**DVT Max & Pneumatic Compression Wraps:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Compression Garments.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend to use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient, there is no documentation of a history of increased risk of DVT or major knee surgery. There is no evidence of increased risk for DVT based upon the exam note of 9/19/13. Therefore medical necessity cannot be established and therefore the determinations for non-certification for the requested device.