

Case Number:	CM14-0105692		
Date Assigned:	08/01/2014	Date of Injury:	06/04/2009
Decision Date:	04/14/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/08/2014

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. 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: Illinois, California, Texas
 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 40-year-old female who sustained an industrial injury on 6/4/09. Past medical history was positive for lupus and fibromyalgia. The 10/15/14 left knee MRI impression documented horizontal tear of the body of the medial meniscus, no lateral meniscus tear or lateral compartment abnormality, and moderate chondromalacia patella. She underwent left knee arthroscopy with partial medial meniscectomy and left medial femoral chondroplasty on 1/8/14. The 1/8/14 physician order from for pneumatic intermittent compression device for 1 to 30 days documented the indication as deep vein thrombosis (DVT). The 1/16/14 treating physician report indicated the patient was doing well status post her left knee arthroscopy. Pain was well-controlled and she was no longer walking with crutches. Physical exam documented incisions within normal limits, no trace of effusion, and neurovascular exam within normal limits. Sutures were removed and replaced with steri-strips. Physical therapy was prescribed 2 times per week for 4 weeks. The 6/26/14 utilization review non-certified the retrospective request for an intermittent limb compression device on date of service 1/8/14. The rationale for non-certified noted there was no history of prior DVT, age was not a risk factor, and that current morbidities of lupus and fibromyalgia were not primary risk factors for DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS 01/08/14: Intermittent limb compression device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna online Clinical Policy.

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 deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) 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 are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request is not medically necessary.