MAXIMUS Federal Services

Case Number:	CM14-0192321		
Date Assigned:	11/26/2014	Date of Injury:	06/20/2014
Decision Date:	01/16/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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 General Surgery, has a subspecialty in Hand 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 is a 43-year-old female with a 6/20/2014 date of injury. The injury was due to being kicked in the knee by an inmate. The Utilization Review dated 11/5/14 non-certified the requests for DVT prophylaxis and peri-operative antibiotics given no indication of what the requesting provider wishes to order. The records indicate that the knee surgery, physical therapy, assistant surgeon, and medical clearance have been approved in-house. Pre-operative consultation dated 11/25/14 identified that the patient has had hypertension for the past 16 years. She has occasional palpitations with a cough with stimulants. She denies any chest pain on exertion. ECG was normal. Spirometry was normal. Laboratory was unremarkable. Cholesterol was 238. Chest x-ray revealed no abnormality. Echocardiogram revealed an ejection of 60% and left ventricular hypertrophy. There is no stenosis of hypokinesis noted. Progress report dated 10/20/14 identified periodic instability; and difficulty with stair climbing. Medical report dated 10/1/14 identified left knee pain, a large effusion, tenderness to palpation over the medial left knee joint. Range of motion 0-140 and positive McMurray test. The diagnosis includes internal derangement of knee, not otherwise specified (NOS).

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT prophylaxis: 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), Knee and Leg Chapter, Venous Thrombosis

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 Chapter, Venous thrombosis and http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2780231/

Decision rationale: The MTUS does not address the topic. The Official Disability Guidelines state that venous thrombosis: Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is 3-fold greater following minor injury, especially if injury occurs in the 4 weeks prior to thrombosis, is located in the leg, and involves multiple injuries or rupture of muscle or ligament. Risk for venous thrombosis is higher in those with leg injury combined with family history of venous thrombosis (12-fold risk), Factor V Leiden mutation (50-fold risk), or Factor II 20210A mutation (9-fold risk). (van Stralen, 2008) The patient was authorized to undergo a knee surgery and underwent a pre-operative evaluation. There is a prior history of hypertension, yet, no risks factors reported of an additional co-morbidity. There is no indication for the need of DVT prophylaxis or the form or which form of prophylaxis and time frame being requested (i.e. medication, compression garments, and/or intermittent pneumatic compression devices (IPCD)). Therefore, this request is not medically necessary.

Peri-operative antibiotics (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cost analysis of peri-operative antibiotic administration in total knee arthroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Wheeless textbook of Orthopedics Antibiotic prophylaxis

Decision rationale: The patient was authorized to undergo a knee surgery and underwent a pre-operative evaluation. There is a prior history of hypertension, yet, no risks factors reported of an additional co-morbidity. While peri-operative antibiotics may be needed, there is no indication of which specific medication, dosage, and indications of usage are being requested. The medical necessity cannot be substantiated without the specific medications being requested. Therefore, this request is not medically necessary.