

<b>Case Number:</b>	CM14-0192416		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 57 year old female who was injured on 8/23/2013. She was diagnosed with lumbar strain, bilateral knee strains, right knee meniscus tear, and left knee chondromalacia. She was treated with physical therapy, injections, and oral and topical medications. She was also recommended right knee arthroscopic meniscectomy and debridement which was performed on 9/3/14. Following the surgery, there was a request for a mechanical DVT prophylaxis compression device for purchase and use at home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of DVT Max and Pneumatic with Compression Wraps:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Medical Policy #0500

**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 section, Venous Thrombosis

**Decision rationale:** The MTUS Guidelines do not address DVT prophylaxis following surgery. The ODG discusses DVT prophylaxis should be considered in cases of inpatients undergoing major orthopedic surgery such as total joint replacements, many general surgeries and cancer

surgeries, but not for minor orthopedic surgeries. Mechanical prophylaxis is indicated for those that are bedridden, whereas compression stockings might be considered for those able to walk following their surgery. In the case of this worker an arthroscopic surgery was performed on his right knee joint, and there was no evidence to suggest that the worker was not able to walk following the surgery. Considering the criteria for use of a mechanical compression device and no evidence that would alert the reviewer that this is an exception to the guidelines, the worker in this case does not seem to warrant a purchased mechanical compression device.