

<b>Case Number:</b>	CM14-0203328		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Physical Medicine and Rehabilitation, 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 62 year old male with a work related injury dated 07/26/2013. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a primary physician's progress report dated 10/13/2014 (70), the injured worker presented for a re-evaluation with continued left knee complaints which limit his ability to perform activities of daily living. Diagnoses included status post left knee arthroscopy with arthrosis and right heel plantar fasciitis. Treatments have consisted of physical therapy, medication, intra-articular injection, activity modification, and use of a walking aid. Diagnostic testing was not included in received medical records. Work status is noted as not working. On 11/06/2014, Utilization Review non-certified the request for DME (Durable Medical Equipment): DVT (Deep Vein Thrombosis) Unit. The Utilization Review physician stated that based on the [REDACTED], intermittent pneumatic compression devices are considered medically necessary to stimulate circulation and reduce the chances of DVT's for members who are unable to walk or are bedridden. Based on the claimants surgical intervention, it does not appear this claimant is unable to walk or will be bedridden and would not likely be of any significant benefit. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME; DVT unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 chapter

**Decision rationale:** The patient continues to complain of pain to his left knee limiting his ability to work and perform activities of daily living. The current request is for DME; DVT unit. The treating physician has recommended a total left knee arthroplasty. To facilitate post-operative rehabilitation he has recommended 12 physical therapy sessions. He also requests motorized cold therapy, mobility crutches, and DVT unit. ODG guidelines, Knee & Leg chapter under venous thrombosis states, "Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis. Venothromboembolism (VTE) is an important condition in hospitalized patients accounting for significant morbidity and mortality. Those at high risk should be considered for anticoagulation therapy during the post-hospitalization period. (Yale, 2005) Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopedic surgery, according to a new study examining a potential role for aspirin in these patients. Patients who received aspirin had a lower VTE risk score than the patients who received warfarin. Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin patients should receive sequential compression as needed." The ODG guidelines recognize DVT risk factor as orthopedic surgery and hospitalization. The attending physician has made a recommendation for surgery. The attending physician is attempting to prepare the patient for post-operative rehabilitation, but in this case, does not provide any risk factors for perioperative thromboembolic complications. Vasopneumatic compressive devices are medically necessary for those patients who are unable to walk and are bedridden. There is no documentation that the patient will be bedridden and in fact the physician has also recommended crutches to allow the patient to ambulate. The request is not medically necessary.