

<b>Case Number:</b>	CM14-0206687		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	08/17/2009
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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, has a subspecialty in Interventional spine 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:

The patient is a 42 year old male with an injury date of 08/17/09. The patient is status post left knee arthroscopic surgery, partial medial meniscetomy, microfracture, and lateral meniscus repair on 07/29/14, as per the operative report. As per progress report dated 10/16/14, the patient complains of reduced hyperextension of the left knee compared to the right. In progress report dated 01/10/14, the patient was diagnosed with left knee osteoarthritis, stable ACL construction. Medications, as per report dated 10/16/14, include Advil, Tylenol, and Fungi-Nail TINC. The patient exercises on his own using a stationary bicycle, as per progress report dated 09/11/14. He is also using a knee brace for additional stability, as per progress report dated 08/29/14. The patient is returning to work without any restrictions, as per progress report dated 08/29/14. MRI of the Left Knee, 05/08/14:- Medical meniscal tear with displaced fragment, appears like bucket-handle tear- Status post anterior cruciate ligament reconstruction - Chondromalacia, greatest in the weight bearing medial femoral condyle. Diagnosis, 10/16/14: 10 weeks status post left knee arthroscopic surgery, partial medial meniscetomy, microfracture and lateral meniscus repair. The treater is requesting for RETROSPECTIVE DOS 07/29/14 (DVT) DEEP VEIN THROMBOSIS INTERMITTENT PNEUMATIC COMPRESSION DEVICE. The utilization review determination being challenged is dated 10/31/14. Treatment reports were provided from 01/10/14 - 10/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for DOS 07/29/14: (DVT) Deep Vein Thrombosis Intermittent Pneumatic Compression Device: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web) 2013, Knee Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter 'Knee and Leg (Acute and Chronic)' and topic venous thrombosis

**Decision rationale:** The patient is status post left knee arthroscopic surgery, partial medial meniscectomy, microfracture and lateral meniscus repair on 07/29/14, as per the operative report. The request is for retrospective DOS 07/29/14 (DVT) deep vein thrombosis intermittent pneumatic compression device. ODG guidelines, Chapter 'Knee and Leg (Acute and Chronic)' and topic 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 patient underwent left knee arthroscopic surgery, partial medial meniscectomy, microfracture and lateral meniscus repair on 07/29/14. While the request may be related to this surgical intervention, the treater does not discuss the actual use of the DVT pneumatic compression device or the risk factors of the patient in any of the progress reports. However, the ODG guidelines recognize DVT as a risk factor in orthopedic surgery and hospitalization, which this patient recently underwent. The use of compression device, therefore, appears reasonable. This request is medically necessary.