

Case Number:	CM15-0101840		
Date Assigned:	06/04/2015	Date of Injury:	10/22/1994
Decision Date:	07/07/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 50-year-old who has filed a claim for chronic knee pain and alleged complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of October 22, 1994. In a Utilization Review report dated May 18, 2015, the claims administrator failed to approve a request for a thermal compression unit-21 day rental. The claims administrator referenced a RFA form received on May 12, 2015 in its determination. The claims administrator framed the request as a request for postoperative usage of the thermal compression unit following a planned total knee arthroplasty procedure on May 20, 2015. The claims administrator did, however, apparently approve a CPM machine purchase and a bedside commode. The claims administrator stated that the request was ambiguous but seemingly framed the request as a request for a DVT compression device of some kind. On May 20, 2015, the applicant underwent a right knee total knee arthroplasty procedure to ameliorate a preoperative diagnosis of severe degenerative joint disease of the same. In a nursing note dated May 22, 2015, it was suggested that the applicant was receiving subcutaneous Lovenox postoperatively. The remainder of the file was surveyed. The applicant's medication list was not clearly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermal compression unit (in days) Qty: 21: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed Knee Disorders, pg 829

Decision rationale: Yes, the request for a 21-day thermal compression unit was medically necessary, medically appropriate, and indicated here. Based on the product description, the request appears to have represented a request for a DVT prophylaxis device rental following a total knee arthroplasty surgery of May 20, 2015. The MTUS does not address the topic of DVT prophylaxis following total knee arthroplasty surgery, as transpired here. However, the Third Edition ACOEM Guidelines Knee Chapter notes on page 29 that all postoperative major knee surgical patients should receive postoperative graded compressive stockings and/or lower extremity pump devices. ACOEM further notes that the duration of such therapy is unclear but that the threshold for usage of two weeks or longer should be generally low, given the higher risk of venous thromboembolism following a major procedure such as the total knee arthroplasty procedure which transpired here. Usage of the thermal compression unit was, thus, indicated for postoperative use purposes here, given the nature of the major surgery which transpired, a total knee arthroplasty. Therefore, the request was medically necessary.