

Case Number:	CM15-0106258		
Date Assigned:	06/10/2015	Date of Injury:	03/23/2014
Decision Date:	07/16/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/02/2015

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 57-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 23, 2014. In a Utilization Review report dated May 11, 2015, the claims administrator denied a DVT prophylaxis unit 30-day postoperative rental. The claims administrator referenced a RFA form dated May 4, 2015 in its determination. The claims administrator also referenced a progress note of February 17, 2015 and suggested that the applicant had undergone a knee arthroscopy procedure on May 8, 2015. The applicant's attorney subsequently appealed. On May 18, 2015, the applicant presented to follow up some 10 days after the medial and lateral meniscectomy procedure of May 8, 2015. The applicant was described as having minimal pain and overall doing well. The applicant exhibited 120 degrees of knee range of motion. The applicant's gait was not clearly described. The applicant was asked to begin physical therapy while remaining off of work, on total temporary disability. In a May 4, 2015 RFA form, the attending provider sought authorization for a DVT prophylaxis device 30-day rental. An associated form of May 1, 2015 was employed to support the request. The note comprised, in large part, of preprinted checkboxes. In a December 22, 2014 progress note, it was stated that the applicant's medical history was, with the exception of the industrial injuries "otherwise unremarkable."

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT prophylaxis unit/ with intermittent/ limb therapy x 30 day rental required post op protocol: 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 (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg 829 3. Recommendation: Lower Extremity Pumps for Prevention of Venous Thromboembolic Disease in Post-operative Knee Patients. The use of lower extremity pump devices is moderately recommended for the prevention of venous thromboembolic disease in post-operative knee patients. 1792-1795. Indications All post-operative major knee surgical patients (e.g., knee fractures, knee arthroplasties, or any other patients thought at increased risk of VTED in the post-operative period). Devices-Devices include foot pumps, foot plus calf pumps, entire lower extremity intermittent compression devices and various other combinations. As there are no quality comparative trials, there is no recommendation for a particular device. Duration-Duration unclear. Most have utilized devices for the duration of hospitalization. As risk of VTED is high, particularly for these major procedures, threshold for use of 2 weeks or longer should be generally low, including while at home. Indications for Discontinuation-Discontinuation is generally recommended by 14 days unless there are continuing ongoing issues, such as delayed rehabilitation and ambulation that result in a judgment of increased risk. Some patients are also unable to tolerate devices. 1796 Strength of Evidence-Moderately Recommended, Evidence (B) (2) <http://emedicine.medscape.com/article/1268573-overview#showall> Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery Author: David A Forsh, MD; Chief Editor: Harris Gellman, MD ACCP Recommendations for Knee Arthroscopy Clinicians should not use routine thrombosis prophylaxis to treat patients undergoing arthroscopic knee surgery; however, patients with additional preexisting risk factors for VTE or prolonged tourniquet time should be given LMWH for prophylaxis. Early mobilization alone is recommended.

Decision rationale: No, the request for a DVT prophylaxis device therapy for 30-day rental was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Knee Chapter does acknowledge on page 829 that the use of lower extremity pump devices are moderately recommended to prevent venous thromboembolism in postoperative applicants, ACOEM notes that discontinuation is generally recommended by 14 days unless there are ongoing issues such as the delayed rehabilitation or delayed ambulation which results in increase risk for DVT development. Here, however, the applicant was described on an office visit of May 18, 2015 as "doing well." The applicant was asked to begin physical therapy on that date, suggesting that the applicant was, in fact, ambulatory as of the 10-day mark of the date of surgery. The applicant did not, thus, have issues with prolonged immobilization which would have supported the protracted 30-day DVT prophylaxis rental at issue. Medscape and ACCP, it is further noted, note that clinicians should not use routine thrombosis prophylaxis to treat applicants undergoing arthroscopic knee surgery, as transpired here, favoring early mobilization instead. Here, the attending provider did not furnish much in the way of narrative commentary to support or augment his request in the face of the unfavorable ACOEM, Medscape, and ACCP positions on the 30-day DVT prophylaxis device rental in question. Therefore, the request was not medically necessary.