

Case Number:	CM15-0130724		
Date Assigned:	07/17/2015	Date of Injury:	10/15/2003
Decision Date:	09/14/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/07/2015

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: Connecticut, California, Virginia
 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 injured worker is a 51 year old female, who sustained an industrial injury on 10-13-2003. On provider visit dated 05-27-2015 the injured worker has reported lumbar spine and bilateral knee pain. On examination of the left knee revealed a healed surgical incision, mild swelling, and flexion was limited secondary to guarding to prevent dislocation of the patella. There was an audible popping with extension and flexion with pain. The diagnoses have included bilateral knee post traumatic osteoarthritis status post bilateral total knee replacement, left knee patellar clunk syndrome status post posterior stabilized total knee implant and lumbar spine sprain-strain. The injured worker was noted to be temporarily totally disabled. The provider recommended surgical intervention of the left total knee arthroplasty and post-operative treatment. Treatment to date has included medication. The provider requested deep vein thrombosis (DVT) max home unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep vein thrombosis (DVT) max home unit: 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 Chapter, Venous thrombosis, Compression garments.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 342-345.

Decision rationale: In this case, the requested DVT max home unit appears to be in preparation for the possibility of operative intervention, however, without clear approval indicating impending surgery, post operative durable medical equipment is not clinically necessary at this time. Should operative management be the appropriate decision, supported by exam findings and imaging studies, the requested DVT prophylaxis may be an appropriate request in preparation for care following surgery. Therefore, at this time, based on the provided documents and lack of clear plan for operative intervention, the requested equipment is not considered medically necessary.