

Case Number:	CM15-0136189		
Date Assigned:	07/24/2015	Date of Injury:	03/04/2008
Decision Date:	08/21/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/14/2015

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: 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 injured worker is a 59 year old male who sustained an industrial injury on 03/04/2008. The injured worker was diagnosed with chronic synovitis left knee. The injured worker is status post total left total knee replacement (no date documented). Treatment to date has included diagnostic testing, surgery, physical therapy, local steroid injections/blocks and medications. According to the primary treating physician's progress report on March 13, 2015, the injured worker continues to experience left knee pain increasing with activity. The injured worker rates his pain level at 8-9/10. Local blocks were noted to be ineffective for any duration of time. Examination demonstrated swelling and effusion with intermittent allodynia. Flexion is limited to about 100 degrees with pain. Current medications are listed as Norco and Celebrex. Treatment plan consists of revision of left total knee replacement with removal of hardware and the current request for a 30 day rental of deep vein thrombosis (DVT) prophylactic unit with intermittent limb therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day rental of DVT prophylactic unit with intermittent limb therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Venous Thrombosis.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in great detail and the Guidelines recommend prolonged DVT prophylaxis with medications and not mechanical devices unless there are specific risks of increased bleeding. No risk factors are identified in this individual. Under these circumstances the 30 day rental of DVT prophylactic unit with intermittent limb therapy is not supported by Guidelines and is not medically necessary.