

<b>Case Number:</b>	CM15-0142608		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	11/07/2014
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60-year-old female sustained an industrial injury to the left knee on 11-7-14. The injured worker was diagnosed with left internal derangement. The injured worker underwent a left synovectomy, partial medial and lateral meniscectomy and abrasion chondroplasty on 7-16-15. The procedure was completed without complication. The physician noted that the injured worker was taken to the recovery room in stable condition. On 7-16-15, a request for authorization was submitted for durable medical equipment including a four week rental of a cooling wrap, purchase of a cooling system pad, purchase of aluminum crutches, IPC DVT therapy device 1 day rental and purchase of bilateral pressure pneumatic appliance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IPC DVT therapy device 1 day rental for left knee: 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 & Leg, Venous thrombosis.

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

**Decision rationale:** The MTUS is silent on the use of DVT therapy devices. Per the ODG guidelines with regard to venous thrombosis: The use of recommended VTE prophylaxis is suboptimal, with only 59% of surgical patients receive recommended treatment. Current evidence suggests it is needed for in patients undergoing many orthopedic-, general-, and cancer-surgery procedures and should be given for at least seven to 10 days. In addition, prolonged prophylaxis for four to five weeks also shows a net clinical benefit in high-risk patients and procedures. One reason for the poor uptake of VTE prophylaxis is the relative inconvenience of parenteral anticoagulants, such as low-molecular weight heparin (LMWH), the current recommended treatment, and previously the only oral option, warfarin, was not effective enough for VTE prevention. (Sweetland, 2009) The UK National Institute for Health and Clinical Excellence (NICE) has issued new guidance on the prevention of venous thromboembolism (VTE). They primarily recommend mechanical methods of VTE prophylaxis. Although mechanical methods do reduce the risk of deep vein thrombosis [DVT], there is no evidence that they reduce the main threat, the risk of pulmonary embolism [PE], fatal PE, or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. The documentation submitted for review indicates that the injured worker underwent a left synovectomy, partial medial and lateral meniscectomy and abrasion chondroplasty on 7/16/15. There is not a high risk of DVT as the injured worker is ambulating on crutches with this. The request is not medically necessary.

**Pressure pneumatic appliance purchase for left knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME).

**Decision rationale:** The Official Disability Guidelines state that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. As the requested DVT therapy device was not medically necessary, the request for pneumatic appliance purchase is not medically necessary.

**Pressure pneumatic appliance purchase for right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME).

**Decision rationale:** The Official Disability Guidelines state that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. As the requested DVT therapy device was not medically necessary, the request for pneumatic appliance purchase is not medically necessary.

**Cooling system 4 week rental (28 days): 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 & Leg, Continuous-flow cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous-flow cryotherapy.

**Decision rationale:** The MTUS is silent on the use of cold therapy units. The ODG states continuous-flow cryotherapy is "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. " As the ODG only supports the use of cold therapy units for up to 7 days, 4-week rental is not medically necessary. It should be noted that the UR physician has certified a modification of the request for 7 days.