

<b>Case Number:</b>	CM15-0148457		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Family Practice

### 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 67 year old male, who sustained an industrial injury on August 30, 2013. He reported an injury to his left knee. Treatment to date has included MRI of the left knee, left knee arthroscopy on May 18, 2015. The injured worker's past medical history is significant for diabetes and hypertension. Currently, the injured worker is in the post-operative phase following left knee arthroscopic surgery on May 18, 2015. The injured worker was evaluated on June 9, 2015 and continued to experience extreme thigh pain with some ecchymosis in the proximal thigh, pain of the medial joint line and the anterior knee. He had a recent Doppler ultrasound of the left lower extremity due to thigh and calf pain and due to substantial bruising where his tourniquet was applied during surgery. He has completed five to twelve sessions of post-operative physical therapy and continues to use a crutch for assistance. On physical examination the injured worker has 1+ left knee effusion and pain with palpitation of the medial joint line. His range of motion is 0 to 120 degrees and elicits pain. He has a large Baker's cyst in the popliteal fossa. The diagnoses associated with the request include left medial meniscus tear status post meniscectomy, and left trochlear groove chondromalacia grade 3-4 chondroplasty. The treatment plan includes continued therapy, discontinuation of crutch, ice to the knee, pain medications, work restrictions and follow-up evaluation. A request was received for intermittent limb compression device of the left knee for date of service May 18, 2015 and segmental gradient pressure pneumatic device for the bilateral lower extremities for date of service May 18, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intermittent Limb Compressions Device (Left Knee), DOS: 05/18/15: 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 Procedure, Compression garments.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee Section: Venous Thrombosis and Other Medical Treatment Guidelines Up-To-Date (available at [www.uptodate.com](http://www.uptodate.com)) Chapter: Prevention of Venous Thromboembolic Disease in Surgical Patients. Pai M and Douketis JD. August, 2015.

**Decision rationale:** The MTUS Guidelines are silent in the use of compression devices in the post-surgical period for the prevention of deep vein thrombosis. The Official Disability Guidelines state the following: Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. The medical reference source, Up-To-Date, provides more specific content on the prevention of venous thromboembolic disease in surgical patients. This chapter provides the following recommendations: Patients should be assessed for their risk for venous thromboembolic disease. In this case, there is no evidence that the patient has a history of prior venous thromboembolic disease, the presence of a malignancy, the presence of a hypercoagulable state or a co-morbidity such as heart disease, infection, inflammatory conditions, recent stroke or preoperative sepsis. Further, the operative note on 5/18/2015 indicates that the patient was recommended to start weight bearing as tolerated. As noted in this Up-To-Date reference, early ambulation is associated with a reduced risk of venous thromboembolic disease (Odds Ratio 0.3). This reference source comments on the use of mechanical methods of thromboprophylaxis such as intermittent limb compression devices. This states that such devices are used as an alternative to prevention in patients with a high risk of bleeding or in whom anticoagulation is contraindicated (e.g. active or intracranial hemorrhage). In this case, there is no evidence that the patient had a contraindication to the use of pharmacologic prophylaxis. In summary, there is insufficient evidence to support the use of intermittent limb compression for prevention of venous thromboembolism in this patient. The records do not indicate that the patient was at increased risk of a thrombotic event. Further, early ambulation was started, which lowered the risk of a thrombotic event. Intermittent limb compression device for the left knee was not medically necessary.

**Seg Grad Pneumatic Half Log Right & Left Legs for Left Knee Surgery, DOS: 05/18/15: 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 Chapter, Vasopneumatic devices (wound healing).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee Section: Venous Thrombosis and Other Medical Treatment Guidelines Up-To-Date (available at [www.uptodate.com](http://www.uptodate.com)) Chapter: Prevention of Venous Thromboembolic Disease in Surgical Patients. Pai M and Douketis JD. August, 2015.

**Decision rationale:** The MTUS Guidelines are silent in the use of compression devices in the post-surgical period for the prevention of deep vein thrombosis. The Official Disability Guidelines state the following: Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. The medical reference source, Up-To-Date, provides more specific content on the prevention of venous thromboembolic disease in surgical patients. This chapter provides the following recommendations: Patients should be assessed for their risk for venous thromboembolic disease. In this case, there is no evidence that the patient has a history of prior venous thromboembolic disease, the presence of a malignancy, the presence of a hypercoaguable state or a comorbidity such as heart disease, infection, inflammatory conditions, recent stroke or preoperative sepsis. Further, the operative note on 5/18/2015 indicates that the patient was recommended to start weight bearing as tolerated. As noted in this Up-To-Date reference, early ambulation is associated with a reduced risk of venous thromboembolic disease (Odds Ratio 0.3). This reference source comments on the use of mechanical methods of thromboprophylaxis such as segmental pneumatic compression devices. This states that such devices are used as an alternative to prevention in patients with a high risk of bleeding or in whom anticoagulation is contraindicated (e.g. active or intracranial hemorrhage). In this case, there is no evidence that the patient had a contraindication to the use of pharmacologic prophylaxis. In summary, there is insufficient evidence to support the use of a segmental pneumatic compression device for prevention of venous thromboembolism in this patient. The records do not indicate that the patient was at increased risk of a thrombotic event. Further, early ambulation was started, which lowered the risk of a thrombotic event. A segmental gradient pneumatic device for the right and left legs for left knee surgery was not medically necessary.