

Case Number:	CM15-0182764		
Date Assigned:	09/23/2015	Date of Injury:	01/19/2012
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/17/2015

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: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on 1-19-2012. Medical records indicate the worker is undergoing treatment for a large left knee exostosis and tibial tubercle pre-patellar bursitis with right knee arthroscopy. A surgical report dated 4-20-2015 stated the injured worker underwent right knee arthroscopy with excision of pre-patellar bursa and removal of unstable large tibial tubercle exostosis with reattachment of the patellar tendon. A recent progress report dated 4-22-2015, reported the injured worker was 2 days postoperative and had a clean dry wound. Treatment to date has included surgery, knee brace, Norco and Keflex. The physician is requesting Retrospective Deep vein thrombosis pump purchase for (date of service 4-20-15) to a 7-day rental. On 8-25-2015, the Utilization Review modified a request for Retrospective Deep vein thrombosis pump purchase for (date of service 4-20-15) to a 7-day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DVT pump purchase for (dos 4/20/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee and 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 & Leg chapter, under venous thrombosis.

Decision rationale: The current request is for Retrospective DVT pump purchase for (DOS 4/20/15). The RFA is not provided in the medical file. Treatment to date has included right knee surgery 04/20/15, physical therapy, injections, knee brace, and medications. The patient is not working. ODG, Knee & Leg chapter, under venous thrombosis states, risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis. Venothromboembolism (VTE) is an important condition in hospitalized patients accounting for significant morbidity and mortality. Those at high risk should be considered for anticoagulation therapy during the post-hospitalization period. (Yale, 2005) Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopaedic surgery, according to a new study examining a potential role for aspirin in these patients. Patients who received aspirin had a lower VTE risk score than the patients who received warfarin. Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin patients should receive sequential compression as needed. Per report 04/22/15, the patient is status post right knee arthroscopy with excision of pre-patellar bursa and removal of unstable large tibial tubercle exostosis with reattachment of the patellar tendon on 04/20/15. Dressing was changed and drain removed. The patient is taking Norco for the pain. Treatment plan included a brace. This is a retrospective request for DVT pump purchase DOS 04/20/15. The 40 page medical file includes an operative report from 04/20/15 and progress reports from 03/13/15 through 08/19/15. There is no discussion regarding the requested DVT pump purchase. In regard to the request for the DVT pump, the treater has not provided a reason for the request. DVT prophylaxis is an important consideration for patients who have undergone surgery and are expected to remain bedridden for a prolonged period, or in patient's whose existing comorbidities increase their risk for deep vein thromboses. In this case, the patient has undergone knee surgery, but there is no indication that this procedure required a prolonged period of bed rest. Additionally, the treater does not provide discussion of any existing comorbidities, which would place this patient at a higher risk of deep vein thrombosis. Without a clearer rationale as to why such a system is necessary for this patient's recovery, or the presence of additional risk factors, the medical necessity cannot be established. The request is not medically necessary.