

Case Number:	CM15-0201512		
Date Assigned:	10/19/2015	Date of Injury:	07/24/2010
Decision Date:	12/09/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/13/2015

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, Hawaii
 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 58 year old female who sustained an industrial injury on 07/24/2010. Medical records indicated the worker was treated for injury to her head, left arm and left knee. In the provider notes of 08-31-2015, the worker is seen for ongoing low back, left knee, and right foot and ankle pain. She is status post-surgical repair of her left knee (04-11-2015) and status post tendo-Achilles lengthening (07-30-2015). On 10-05-2015, the worker is seen for re-evaluation of her ankle. She is noted to have had prolonged immobilization after her ankle surgery, and physical therapy is requested. She is released to sit-down work if available. A request for authorization was submitted 10/05/2015 for DVT prophylaxis with cold compress x 30 day rental for left knee. A utilization review decision 10/08/2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT prophylaxis with cold compress x 30 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 and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Deep Vein Thrombosis (DVT).

Decision rationale: The patient presents status post-surgical repair of her left knee (4/11/15) and status post tendo-Achilles lengthening (7/30/15). The patient recently complained of ongoing low back, left knee and right foot and ankle pain. The current request is for DVT prophylaxis with cold compress for the left knee, 30-day rental. The treating physician's rationale for the current request nor the request for authorization were documented in the clinical history. MTUS Guidelines do not address the current medical request. Regarding DVT Prophylaxis unit, ODG states, "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." Review of the reports showed no discussion of the patient as a high risk patient of DVT or that the patient is undergoing a high risk procedure to warrant use of the unit. The utilization review modified and certified a 7-day rental rather than the requested 30-day rental consistent with ODG. If the treating physician feels extended use of the requested treatment is medically necessary then there would need to be documentation of a clear rationale for the extended treatment along with objective evidence of derived functional improvement during the initial treatment period. The current request is not medically necessary.