

Case Number:	CM15-0028379		
Date Assigned:	02/20/2015	Date of Injury:	05/10/2012
Decision Date:	04/07/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 47 year old female sustained a worker related injury on 05/10/2012. According to a report dated 12/08/2014, the injured worker present with right knee pain, left shoulder pain and lumbar pain. There was no past history of medical illness noted and the injured worker was not currently taking any medication. She denied drinking alcoholic beverages and the injured worker denied smoking. Assessment included lumbar spinal discopathy/radiculopathy, right knee ligamentous tear and left shoulder ligamentous tear. The injured worker was referred to ortho for both right knee and left shoulder. The patient is scheduled for knee arthroscopic surgery in January of 2015. On 01/14/2015, Utilization Review non-certified DVT calf cuff (Lt and pump). According to the Utilization Review physician, there was no indication that the injured worker was at high risk for venous thrombosis to support the need for the compression device. Official Disability Guidelines, Knee and Leg Procedure Summary were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT calf cuff (lt and pump): Upheld

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

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

Decision rationale: DVT calf cuff (It and pump) is not medically necessary per the ODG. The MTUS does not address this issue. The ODG recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is 3-fold greater following minor injury, especially if injury occurs in the 4 weeks prior to thrombosis, is located in the leg, and involves multiple injuries or rupture of muscle or ligament. Risk for venous thrombosis is higher in those with leg injury combined with family history of venous thrombosis (12-fold risk), Factor V Leiden mutation (50-fold risk), or Factor II 20210A mutation (9-fold risk). The patient is scheduled to undergo knee surgery, however the documentation does not indicate other risk factors for venous thrombosis and the request does not specify a duration of use for this cuff therefore the request is not medically necessary.