

Case Number:	CM15-0219404		
Date Assigned:	11/12/2015	Date of Injury:	01/16/2015
Decision Date:	12/24/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/09/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 61-year-old female who sustained an industrial injury on 1/16/15. Injury occurred when she was stepping down from a step stool and missed the last step, twisting her right knee. Past medical history was positive for hyperlipidemia, gastroesophageal reflux disease, transient ischemic attack, smoking, and Epstein Barr infection. She underwent right knee examination under anesthesia and arthroscopy, partial medial and lateral meniscectomies, multicompartamental synovectomy, and multiple chondroplasties on 2/26/15. Post-operative treatment included medications, physical therapy, acupuncture, activity modification, and Synvisc injections. The 10/28/15 initial orthopedic consult report cited grade 7/10 right knee pain with significant functional difficulty. She was working modified duty. Right knee exam documented mild generalized swelling, healed arthroscopic portals, mild antalgic gait, normal valgus alignment, positive effusion and range of motion 0-125 degrees. There was normal lower extremity strength. There was retropatellar crepitation and discomfort. X-rays showed mild osteopenia and minimal joint space narrowing on the weight bearing joints and minimal at the patellofemoral joint. The diagnosis was right knee pain and effusion with history of arthroscopy, possible arthritis greater than evident on x-rays. The 10/14/15 treating physician report cited persistent right knee symptoms despite good conservative treatment and arthroscopic treatment. She had near full thickness articular surface loss on the lateral femoral condyle, and lesser changes on the femoral trochlea. She was opined a candidate for total knee replacement. Authorization was requested for right total knee arthroplasty and associated surgical services, including a DVT (deep vein thrombosis) compression device for post-op care for 6 weeks. The

10/29/15 utilization review certified the request for right total knee arthroplasty. The request for a post-op DVT compression device for 6 weeks was non-certified, as the type of device was not clarified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: DVT compression device post-op care for 6 weeks: 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 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 and Leg, Venous thrombosis.

Decision rationale: The California MTUS guidelines are silent with regard to the requested item and DVT prophylaxis. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guidelines indicate mechanical compression should be utilized for total knee arthroplasty for all patients in the recovery room and during the hospital stay (generally 3 days). Guideline criteria have not been met. This request for durable medical equipment use exceeds the recommended duration of treatment. There is no documentation that anticoagulation therapy would be contraindicated or standard compression stockings insufficient for post-hospital DVT prophylaxis. Therefore, this request is not medically necessary.