

Case Number:	CM15-0221418		
Date Assigned:	11/17/2015	Date of Injury:	01/23/2004
Decision Date:	12/30/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/10/2015

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 64 year old female, who sustained an industrial injury on 1-23-2004. Medical records indicate the worker is undergoing treatment for knee osteoarthritis, distal fibula fracture and an open reduction-internal fixation and status post bilateral knee arthroscopy. Recent progress report dated 7-27-2015 and 7-30-2015, reported the injured worker complained of bilateral knee pain. Physical examination revealed left knee patello femoral pain with compression and motion, medial joint line tenderness and moderate effusion. Treatment to date has included physical therapy and medication management. The plan of care included a left knee arthroscopy and physician is requesting for Vascutherm - DVT Prophylaxis unit with intermittent limb therapy (left knee). On 10-5-2015, the Utilization Review noncertified the request for Vascutherm - DVT Prophylaxis unit with intermittent limb therapy (left knee).

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm - DVT Prophylaxis unit with intermittent limb therapy (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; Vasopneumatic devices.

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

Decision rationale: The patient presents with ongoing complaints about the left knee. The patient suffers from osteoarthritis of the knees, status post surgical management. The patient's status is post left knee arthroscopy with persistent arthropathy and second left total knee arthroplasty was noted as scheduled 10/12/15. The current request is for Vascutherm - DVT Prophylaxie unit with intermittent limb therapy (left knee). The treating physician states in the request for authorization dated 9/10/15 RFA (81B), "Service/Good Requested: Vascutherm - DVT Prophylaxie." MTUS and ACOEM guidelines do not specifically discuss Vascutherm units. Therefore, ODG Guidelines are referenced. ODG Guidelines under the Knee & Leg Chapter state, "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." Additionally, according to AAOS, unless contraindicated, mechanical compression should be utilized for both total hip and knee arthroplasty for all patients in the recovery room and during the hospital stay. For patients undergoing THR or TKR, ACCP recommends the optimal use of mechanical thromboprophylaxis with the VFP (venous foot pump) or IPC (intermittent pneumatic compression) for patients with a high risk of bleeding. Finally, the latest AHRQ Comparative Effectiveness Review of venous thromboembolism in orthopedic surgery concluded that there are inadequate data to make very many recommendations. They did suggest, for patients who have undergone major orthopedic surgery such as hip or knee replacement, extending post-surgery use of medications, from the standard 7- 10 days to 28 days or longer, to prevent blood clots may be beneficial. In this case, the clinical history fails to document the physician's basis for the request. There is documentation of a possible knee replacement surgery, which may indicate that the requested medical treatment is consistent with ODG included in the clinical history. However, the potential approval for neither knee surgery nor the physician's prescribed duration of treatment were included in the clinical history. Thus, there is no documentation of underlying comorbidities and/or indication for duration of use noted. The current request is not medically necessary.