

Case Number:	CM15-0049824		
Date Assigned:	03/23/2015	Date of Injury:	10/23/2013
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 23, 2013. In a Utilization Review Report dated February 25, 2015, the claims administrator retrospectively denied a DVT prophylaxis device following a knee meniscectomy surgery of February 4, 2015. The applicant's attorney subsequently appealed. On February 4, 2015, the applicant did undergo a knee meniscectomy, arthroscopic excision of suprapatellar plica, medial and lateral meniscectomy, synovectomy, and chondroplasty procedure. Progress notes of December 6, 2014 and January 23, 2015 contained no mention of the applicant's medical history. The attending provider wrote on January 13, 2015 that he would keep the applicant off work for the time being. It was stated that the applicant had been disabled for approximately one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 2/4/15) DVT prophylaxis unit with intermittent compression therapy, 30 days post-operative: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 13th Edition (web 2015) Treatment section for the knee and leg under the heading of Venous Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1268573-overviewshowall>, Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery, Author: David A Forsh, MD; Chief Editor: Harris Gellman, MD, ACCP Recommendations for Knee Arthroscopy.

Decision rationale: No, the request for a DVT prophylaxis unit was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, Medscape and the American College of Chest Physician (ACCP) note that a clinician should not use routine thrombosis prophylaxis to treat applicants undergoing arthroscopic knee surgery, favoring early mobilization alone. Here, the attending provider did not outline any clear, compelling, or cogent applicant-specific risk factors, which would have compelled the DVT prophylaxis device in question. Therefore, the request was not medically necessary.