

Case Number:	CM15-0084079		
Date Assigned:	05/06/2015	Date of Injury:	08/19/2013
Decision Date:	06/04/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/01/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 59 year old male who sustained a work related injury on 08/19/2013. He reported injury to his right knee that was caused when he slipped and fell hitting his right knee against the hitch on a trailer. He was diagnosed with contusion knee and internal derangement knee. Treatment to date has included anti-inflammatories, narcotic pain medication, x-rays of the right knee. On 11/19/2013, the injured worker underwent an MRI of the right knee that revealed attenuation of the medial meniscus from a prior partial medial meniscectomy with clinical correlation suggested, focal areas of mild-to-moderate loss of articular cartilage of medial femoral condyle and medial tibial plateau, a horizontal tear of the mid-segment and part of the anterior horn of the lateral meniscus and moderated loss of articular cartilage of part of the median ridge and lateral articulating facet of patella. The provider requested authorization for arthroscopic surgery for the right knee. On 02/21/2014, the injured worker underwent right knee surgery followed by postoperative physical therapy. Currently under review is the request for deep vein thrombosis prophylaxis unit with intermittent compression x 30 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep vein thrombosis prophylaxis unit with intermittent compression x 30 day rental:
 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 and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and knee chapter- VTE prophylaxis and pg 69.

Decision rationale: According to the guidelines: Although mechanical methods do reduce the risk of deep vein thrombosis [DVT], there is no evidence that they reduce the main threat, the risk of pulmonary embolism [PE], fatal PE, or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. In addition the risk of DVT is up to 6 weeks post-op. In this case, there was no mention of a contraindication to pharmacologic protection. The request for a 30 day compression is not medically necessary.