

<b>Case Number:</b>	CM14-0125179		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/18/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 8/18/2010. Per primary treating physician's progress report dated 6/26/2014, the injured worker complains of lumbar spine and bilateral knee pain. She complains of psych issues as well. She rated lumbar spine pain at 7-8/10 and frequent and bilateral knee pain at 6/10 and frequent. She does take Norco and Motrin two tablets a day that helps her pain from 8/10 to 5-6/10 and allows her to ambulate for an hour opposed to 30 minutes without the medication. The pain is made better with rest and medication. The pain is made worse with prolonged standing and sitting. Examination of the lumbar spine revealed decreased range of motion with tenderness and hyper tonicity noted over the paraspinal muscles bilaterally. There was normal strength 5/5 bilaterally at L4, L5, and S1 and there was decreased sensation bilaterally 4/5 at L4 and L5, but normal sensation 5/5 at S1 bilaterally. Examination of the bilateral knees revealed decreased range of motion. There was tenderness noted over the medial and lateral joint lines. Patellofemoral grind test was positive on the left. There was decreased muscle strength 4+/5 in the quadriceps bilaterally. Diagnoses include 1) left medial compartment arthritis 2) left medial knee meniscal tear, status Post Postoperative Arthroscopy 3) Left Knee Partial Anterior Cruciate Ligament Tear 4) Right Knee Anterior Cruciate Ligament Tear And Meniscal Tear 5) stress and anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: DVT Max unit - 10-day rental Post-Op Left TKA:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Cervical, Shoulder, Lumbar and Knee

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, DVT Prophylaxis

**Decision rationale:** The MTUS guidelines do not address the Associated Surgical Service: use of pneumatic The MTUS guidelines do not address the Associated Surgical Service: use of pneumatic compression devices for the prevention of venous thrombosis. The ODG recommends identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures. Mechanical methods do reduce the risk of deep vein thrombosis, but there is no evidence that they reduce the main threat, the risk of pulmonary embolism, fatal pulmonary embolism, or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. There are options of pharmacological methods that are used post-surgically; however, the requesting physician is the surgeon that performed the knee surgery. The use of pneumatic compression for DVT prophylaxis is a reasonable option and is supported by the guidelines despite other recommendations of pharmacological methods. The request for DVT Max unit - 10day rental post-op Left TKA is determined to be medically necessary.