MAXIMUS Federal Services

Case Number:	CM14-0161933		
Date Assigned:	10/07/2014	Date of Injury:	07/12/2012
Decision Date:	11/12/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/02/2014

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 Orthopedic Surgery and is licensed to practice in 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:

A 56-year-old male claimant with an industrial injury dated 07/12/12 is status post a right knee arthroscopy dated September 2012. Exam note 05/01/14 states the patient returns with right knee pain. The patient also experiences chest pain, and has a significant limp. He is unable to walk without a antalgic component, and describes constant stiffness and pain. The patient rates the pain a 7-8/10. Upon physical exam the patient demonstrates a normal posture while sitting and standing with no effusion. There was evidence of medial joint tenderness and left knee discomfort from over compensating. Diagnosis is noted as a right knee medial meniscus tear and Grade IV chondromalacia. Exam note 05/16/14 states that the EKG shows inferior Q-waves with low voltage consistent with COPD. Treatment plan includes a right knee arthroscopic knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase post-operative VenaPro unit for right knee arthroscopy with meniscectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.PubMed.govJt Comm J Qual Patient Saf. 2011 Apr; 37(4): 178-83.Venous thromboembolism prophylaxis in surgical patients: identifying a patient group to maximize performance improvement.Weigelt JA, Lal A, Riska R.Thromb Res. 2014 Jan; 133(1): 25-9. doi: 10.1016/j.thromres.2013.09.011. Epub 2013 Sep 16. Risk factors

for inpatient venous thromboembolism despite thromboprophylaxis. Wang TF1, Wong CA2, Milligan PE3, Thoelke MS4, Woeltje KF3, Gage
8Fhttp://www.ncbi.nlm.nih.gov/pubmed/21500718http:/

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Compression Garments

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend using of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient there is no documentation of a history of increased risk of DVT or major knee surgery from the exam notes of 5/1/14. The patient underwent a routine knee arthroscopy. Therefore medical necessity cannot be established and therefore the request is not medically necessary.