

Case Number:	CM14-0165508		
Date Assigned:	10/14/2014	Date of Injury:	07/12/2012
Decision Date:	11/14/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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 Family Medicine 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:

This is a 60 year old male patient who sustained a work related injury on 07/12/2012. He sustained the injury while kneeling and sheetrock work at job. The diagnosis includes septic arthritis and status post right knee replacement. Per the doctor's note dated 9/25/14 patient had complaints of right knee pain and swelling and continued right knee drainage. The physical examination of the right knee revealed no signs or symptoms of local infection and no drainage, healing incision site, minimal swelling, range of motion extension -10 and flexion 60 degrees. The medications list includes Dilaudid injection, Norco, Bupivacine pump, Ondansetron injection, Reglan injection, Nubain injection, Benadryl injection, Naloxone injection, Toradol injection, Labetelol injection, Fentanyl injection, Alteplase, Ertapenam injection, Tylenol, Vancomycin injection, Levofloxacin injection, Sumatriptan, vitamin D3, Losartan, Lovastatin, Senokot, milk of magnesia, Restoryl and Benadryl. He has undergone right ACL tear treated with arthroscopy in 1990, unicompartmental right knee replacement on 1/6/14, and right knee arthroscopic synovectomy and partial lateral meniscectomy on 8/27/14; right knee arthroscopicsynovectomy, Irrigation and cultures on 9/10/14; removal of infected prosthesis, debridement of right knee and insertion of temporary prosthesis with antibiotic cement and antibiotic beads, and scar revision on 9/15/14. He has had right knee X-rays dated 9/15/14 which revealed interval placement of multiple radiopaque beads in to the joint; bilateral lower extremities venous Doppler ultrasound dated 9/15/14 which revealed no evidence of deep vein thrombosis; ultrasound of abdomen dated 9/15/14 which revealed mild hepatomegaly and right renal cyst; chest X-ray dated 9/14/14 with normal findings. He has had physical therapy and cortisone injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm intermittent pneumatic compression for DVT (Deep Venous Thrombosis) prophylaxis with cold compression for 6 months: 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 Chapter, Game Ready accelerated recovery system Official Disability Guidelines: Knee Chapter, Venous thrombosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 10/27/14), Game Ready accelerated recovery system, Continuous-flow cryotherapy, venous thrombosis.

Decision rationale: Per the cited guidelines, "The ...system combines Continuous-flow cryotherapy with the use of vaso-compression. While there are studies on Continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system."The requested device combines cold therapy with compression and there are no published high quality studies on this kind of combined system for this diagnosis.In addition this device is recommended for DVT prophylaxis. Per the cited guidelines "The UK National Institute for Health and Clinical Excellence (NICE) has issued new guidance on the prevention of venous thromboembolism (VTE). ...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. They recommend stockings for prevention of VTE, except in stroke patients. The newer oral anticoagulants Rivaroxaban and Dabigatran are indicated as treatment options for specific indications, namely hip- and knee-replacement surgery. In the summary of evidence for knee-replacement surgery, the guidance notes that Fondaparinux, Dabigatran, low-molecular weight heparin (LMWH), and Rivaroxaban were the most cost-effective strategies."Per the records provided bilateral lower extremities venous Doppler ultrasound dated 9/15/14 which revealed no evidence of deep vein thrombosis.Cited guidelines recommend a cold therapy unit only for 7 days post operatively. Therefore, the request for Vascutherm intermittent pneumatic compression for DVT (Deep Venous Thrombosis) prophylaxis with cold compression for 6 months is not medically necessary and appropriate.