

<b>Case Number:</b>	CM14-0201023		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	09/21/2000
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Internal Medicine, has a subspecialty in Hospice/Palliative Medicine and is licensed to practice in Pennsylvania. 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:

The injured worker is a 58-year-old female, with a reported date of injury of 09/21/2000. The mechanism of injury was the worker's leg got stuck between two pallets, resulting in right ankle and knee pain. The current diagnoses include two prior right knee arthroscopies with post-traumatic arthrosis. The past diagnoses also included lumbar spine sprain/strain; left knee sprain/strain; status post right ankle arthroscopy with repair of the lateral ligament; and left ankle sprain/strain. Treatments included a right knee intraarticular injection, physical therapy, and oral pain medications. The treating physician note dated 06/23/2014 indicated that the injured worker used a cane for assistance and continued to have pain with walking and standing for a short time, decreased sleep, and knee collapse. Documented examination described a right-sided limp, tenderness in the right knee joint line and over the patellofemoral joint, crepitus, and some weakness. Treatment recommendations included a right total knee arthroplasty, a follow-up evaluation with an orthopedic surgeon, mobility crutches, and a deep vein thrombosis unit for after the surgery. A Utilization Review decision was rendered on 11/10/2014 recommending non-certification for a follow up evaluation by an orthopedic surgeon, a pair of mobility crutches, and the purchase of a deep vein thrombosis unit. A treating physician note dated 06/11/2014 was also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pair of Mobility Crutches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Online Edition, Knee and Leg Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-352.

**Decision rationale:** The ACOEM Guidelines support the use of crutches in the early phase of recovery from a collateral ligament strain or tear, cruciate ligament tear, or patellofemoral syndrome. The submitted and reviewed records indicated the worker was experiencing right knee pain with collapse and decreased sleep. Treatment recommendations included right knee surgery to improve the worker's symptoms. There was no discussion describing how long these crutches would be needed or detailing the goal(s) of this therapy. For these reasons, the current request for a pair of mobility crutches is not medically necessary.

**Follow up evaluation with an Orthopedic Surgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

**Decision rationale:** The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing right knee pain with collapse and decreased sleep. Treatment recommendations included right knee surgery. Follow up evaluation would be appropriate whether the worker was treated with surgery or with more conservative options. For this reason, the current request for a follow up evaluation by an orthopedic surgeon is medically necessary.

**Purchase of deep vein thrombosis unit (DVT Unit):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Online Edition, Knee and Leg Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Pai M, et al. Prevention of thromboembolic disease in surgical patients. Topic 1339, Version 61.0. UpToDate. Accessed 06/22/2014.

**Decision rationale:** The MTUS Guidelines are silent on the issue of using pneumatic compression wraps after surgery to prevent the formation of clots in leg blood vessels. Practice guidelines recommend assessing the risk from the surgery and from the person's history and examination to determine the overall risk of developing a potentially harmful clot in a leg blood

vessel after surgery. The type of prophylactic treatment is then chosen based on the overall risk weighed against the potential negative side effects of the treatment. Mechanical methods are preferred in patients who cannot use medication for prophylaxis for medical reasons and in low-risk surgical patients. These methods are also preferred in combination with medications for people at very high risk of developing a clot. The documentation submitted did not discuss any significant increased risk, such as a history of blood clots in the past or a medical or genetic condition that causes clots to form more often than in most people. The submitted and reviewed records indicated the worker was experiencing right knee pain with collapse and decreased sleep. Treatment recommendations included a right total knee arthroplasty, medication after surgery to decrease the risk of clots, and the purchase of this unit to temporarily prevent clots from forming in the legs' blood vessels after surgery. Long-term use would not be needed. For these reasons, the current request for the purchase of a deep vein thrombosis unit is not medically necessary.