

<b>Case Number:</b>	CM14-0218836		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	06/03/2003
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old male with a date of injury of June 3, 2003. The mechanism of injury was not provided. The surgical history included a left knee arthroplasty two revisions, with the last one on 12/10/2014. Diagnosis include degenerative joint disease, knees bilateral, bilateral pulmonary emboli, and hypertension and status post 2 spinal surgeries. Treatment has included surgery and a left knee aspiration. X-ray of the left knee dated August 24, 2011 revealed prominent osteophytic spurring along the medial aspect of the left patellofemoral joint. Bone scan dated June 2, 2014 showed the left knee to be replaced with near normal peri-prosthetic activity. Progress report dated March 26, 2014 showed thickening of subcutaneous tissue around the operative site 1 + effusion. The treatment plan was for aspiration of the knee and a bone scan. Utilization review form dated December 10, 2014 non certified Combination cold therapy/DVT prophylaxis unit w/intermittent limb therapy due to noncompliance with Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Combination Cold Therapy/DVT prophylaxis unit with intermittent limb therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Knee and Leg Chapter; Compression Garments

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Continuous Flow Cryotherapy, Compression Garments, Venous Thrombosis.

**Decision rationale:** The Official Disability Guidelines indicate that continuous flow cryotherapy is recommended postoperatively for up to 7 days. The use of compression garments is recommended for the prevention of deep vein thrombosis. The guidelines further indicate that injured workers should be identified who are at high risk of developing venous thrombosis and should be provided prophylactic measures including possible anticoagulation therapy. The clinical documentation submitted for review indicated the injured worker may be at a higher risk for deep vein thrombosis as it was indicated the injured worker had pulmonary emboli; however, there was a lack of documentation indicating a necessity for a combination unit. The request as submitted failed to indicate the duration for the requested unit. Additionally, the requested date of service was not provided. Given the above and the lack of clarification, the request for combination cold therapy/DVT prophylaxis unit with intermittent limb therapy is not medically necessary.