

Case Number:	CM15-0123315		
Date Assigned:	07/07/2015	Date of Injury:	03/04/2008
Decision Date:	08/04/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male sustained an industrial injury on 3/04/08. He subsequently reported knee pain. Diagnoses include painful total knee replacement with chronic synovitis. Treatments to date include x-ray and MRI testing, left knee surgery, physical therapy, injections and prescription pain medications. The injured worker continues to experience left knee pain. Upon examination, there is swelling in the left knee and range of motion is reduced. A request for 30 day rental of deep vein thrombosis (DVT) prophylaxis unit with intermittent limb therapy was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day rental of deep vein thrombosis (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), 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) Knee & Leg

(Acute & Chronic), Venous thrombosis and Other Medical Treatment Guidelines Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl): e351 S-418 S and Suppl: 195 S-e226 S.

Decision rationale: The claimant sustained a work injury in March 2008 and is continuing to be treated for left knee pain. He underwent a left knee replacement in 2013 with uneventful postoperative course. When seen, there had been one day of improvement after a knee injection. He was having increased pain with activity. Norco and Celebrex were being prescribed. There was decreased knee range of motion with a joint effusion. Knee revision surgery was planned. Deep venous thrombosis prophylactic therapy for prevention of DVT is routinely utilized in the inpatient setting with major abdominal, pelvic, extremity or neurologic surgery, or following major trauma. In this case, the claimant has no identified high risk factors for developing a lower extremity deep vein thrombosis or history of prior thromboembolic event. Although revision knee replacement surgery is being planned, prolonged immobilization after the procedure is not anticipated. Medications such as low-molecular weight heparin (LMWH), the current recommended treatment, are available and the claimant has no identified risk of major bleeding. Unless contraindicated, mechanical compression should be utilized for both total hip and knee arthroplasty for all patients in the recovery room and during the hospital stay only. Therefore, this request for a 30-day rental of a DVT prophylaxis unit was not medically necessary.