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| Case Number: | CM15-0127664 | | |
| Date Assigned: | 07/14/2015 | Date of Injury: | 06/21/2013 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/29/2015 |
| Priority: | Standard | Application Received: | 07/01/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 47-year-old who has filed a claim for elbow, wrist, hip, and knee pain reportedly associated with an industrial injury of June 21, 2013. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve a request for a DVT intermittent pneumatic compression device. The claims administrator referenced a June 16, 2015 RFA form in its determination. The claims administrator contended that the request represented a retrospective request for a device employed and/or dispensed on or around May 27, 2015. The applicant's attorney subsequently appealed. In a June 10, 2015 physical therapy progress note, the applicant acknowledged that she was ambulatory without crutches but expressed concerns about her knee buckling. In a handwritten note dated June 4, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of knee pain. The applicant had apparently undergone a knee arthroscopy on May 27, 2015. The applicant's incisions were healing well. The applicant was kept off of work. The applicant was asked to continue physical therapy on this date. Overall commentary was sparse. On May 27, 2015, the applicant underwent an arthroscopic partial lateral meniscectomy procedure to ameliorate a preoperative diagnosis of lateral meniscal tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DME DVT Intermittent Pneumatic Compression Device DOS 5/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 829; <http://emedicine.medscape.com/article/1268573-overview#showall> - Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery.

Decision rationale: The DVT intermittent pneumatic compression device prescribed, dispensed, and/or employed on May 27, 2015 was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of postoperative DVT prophylaxis. While the Third Edition ACOEM Guidelines Knee Chapter does recommend prevention of venous thromboembolic disease in postoperative knee applicants, particularly those with prolonged reductions in activity, here, however, there was no mention of the applicant's having issues with delayed ambulation or delayed recovery following a relatively minor knee arthroscopy surgery of May 27, 2015. The applicant was asked to continue to participate in physical therapy via a subsequent physical therapy progress note of June 4, 2015. The applicant's physical therapist acknowledged on June 3, 2015 that the applicant was walking around in her home without crutches, despite some concerns over knee instability. Medscape and the American College of Chest Physicians (ACCP) note that applicants undergoing arthroscopic knee surgeries should not receive routine venous thrombosis prophylaxis, noting that early mobilization alone is recommended. Here, it did not appear that the applicant had any personal risk factors, such as a history of prior DVT, neoplasm, etc., which would have compelled provision of the DVT pneumatic compression device at issue following a relatively minor, uncomplicated knee arthroscopy procedure. Therefore, the request was not medically necessary.