

Case Number:	CM15-0170842		
Date Assigned:	09/11/2015	Date of Injury:	09/03/2012
Decision Date:	10/14/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/31/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 63 year old female who sustained an industrial injury on 9-03-2012. Diagnoses include knee osteoarthritis. Treatment to date has included surgical intervention (right hip, 2014), as well as conservative measures including diagnostics, modified work, injections, physical therapy, medications and home exercises. Per the History and Physical Report dated 5-05-2015 the injured worker presented for evaluation of chronic back and hip pain and anterior knee pain. She reported significant anterior knee pain with associated numbness and tingling that goes down as distal as the dorsal foot bilaterally. Objective findings included anterior knee pain with full extension of the knees. Sensation was intact to light touch. She has a slight right antalgic gait. The plan of care included surgical intervention of the left knee. Authorization was requested for 30 day rental deep vein thrombosis (DVT) prophylaxis unit and purchase of knee wrap for the left knee. On 8-06-2015, Utilization Review non-certified the request for 30 day rental DVT prophylaxis unit and purchase of knee wrap for the left knee due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day rental DVT Prophylaxis 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 (ODG), Knee & Leg, 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 (Acute & Chronic), Compression garments and Other Medical Treatment Guidelines Medscape, Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery <http://emedicine.medscape.com/article/1268573-overview#a4>.

Decision rationale: The CA MTUS is silent concerning deep vein thrombosis (DVT) prophylaxis prevention; however, the cited ODG recommends compression garments for DVT prophylaxis. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. The American College of Chest Physicians (ACCP) recommends that injured workers undergoing total knee arthroplasty (TKA) use options e.g. LMWH (low-molecular-weight heparin), LDUH (low-dose unfractionated heparin), adjusted-dose vitamin K antagonist (VKA), aspirin, or an IPC (intermittent pneumatic compression) device for at least 10-14 days, which is preferable to no prophylaxis. The ACCP further states that regardless of concomitant IPC device use, LMWH is favored over alternative recommended agents, and those who are at increased risk for bleeding, an IPC device or no prophylaxis is favored over pharmacologic prophylaxis. According to the available treating provider notes, there were no contraindications to pharmacologic prophylaxis use, such as with the medical standard LMWH. Therefore, based on the cited guidelines and available medical records, the request for 30 day rental DVT prophylaxis unit is not medically necessary and appropriate.

Purchase of knee wrap: 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 & Leg, 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 (Acute & Chronic), Compression garments and Other Medical Treatment Guidelines Medscape, Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery <http://emedicine.medscape.com/article/1268573-overview#a4>.

Decision rationale: The CA MTUS is silent concerning deep vein thrombosis (DVT) prophylaxis prevention; however, the cited ODG recommends compression garments for DVT prophylaxis. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. The American College of Chest Physicians (ACCP) recommends that injured workers undergoing total knee arthroplasty (TKA) use options e.g. LMWH (low-molecular-weight heparin), LDUH (low-dose unfractionated heparin), or an IPC (intermittent pneumatic compression) device for at least 10-14 days, which is preferable to no prophylaxis. The ACCP further states that regardless

of concomitant IPC device use, LMWH is favored over alternative recommended agents, and those who are at increased risk for bleeding, an IPC device or no prophylaxis is favored over pharmacologic prophylaxis. According to the available treating provider notes, there were no contraindications to pharmacologic prophylaxis use, such as with the medical standard LMWH. Therefore, since the 30 day rental of a DVT prophylaxis unit is not medically necessary and appropriate based on the cited guidelines, the concomitant request for purchase of a knee wrap also cannot be deemed medically necessary and appropriate.