

Case Number:	CM15-0171548		
Date Assigned:	09/11/2015	Date of Injury:	07/18/2013
Decision Date:	10/13/2015	UR Denial Date:	08/05/2015
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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 41 year old male, who sustained an industrial injury on 9-18-2013. The injured worker was diagnosed as having bilateral medial meniscal tears status post left knee arthroscopy 2-11-2015, bilateral knee subluxation, status post right knee arthroscopy 7-29-2015, and L5-S1 degenerative joint disease. Treatment to date has included diagnostics, bilateral knee surgery, and medications. Currently (7-31-2015), the injured worker complains of medial right knee pain, "as expected". Exam of the right knee noted trace effusion, no signs of infection, range of motion 0-90 degrees, portals closed, and calf soft and non-tender. An operative report (7-29-2015) was noted for examination under anesthesia-arthroscopy of the right knee, arthroscopic limited synovectomy, arthroscopic partial medial meniscectomy, limited chondroplasty of the medial femoral condyle, and decompression of parameniscal cyst. DVT (deep vein thrombosis) prophylaxis was documented as "sequential stocking to the left lower extremity" and post-operative aspirin protocol. The treatment plan on 7-27-2015 included pneumatic intermittent compression device rental (unspecified duration), non-certified by Utilization Review on 8-05-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic Intermittent Compression Device: 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) Treatment for Worker's Compensation, Online Edition, 2015 Chapter: Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Compression Garments.

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend using of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient there is no documentation of a history of increased risk of DVT or major knee surgery. The patient underwent a routine knee arthroscopy. Therefore medical necessity cannot be established and therefore the determinations for non-certification for the requested device. The use of an outpatient pneumatic compression device is not medically necessary as it is not in accordance with nationally accepted standards of medical practice. While the use of a pneumatic compression device is clinically appropriate in an inpatient setting, their utility has not been demonstrated in an outpatient setting once the postoperative total knee arthroplasty patient is ambulatory. There are recommendations from the American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (9th edition) that discuss the prevention of venous thromboembolism in orthopedic surgery patients. One of the recommendations is: "In patients undergoing total hip arthroplasty (THA) or total knee arthroplasty (TKA), we recommend use of one of the following for a minimum of 10 to 14 days rather than no antithrombotic prophylaxis: low-molecular-weight heparin (LMWH), fondaparinux, apixaban, dabigatran, rivaroxaban, low-dose unfractionated heparin (LDUH), adjusted-dose vitamin K antagonist (VKA), aspirin (all Grade 1B), or an intermittent pneumatic compression device (IPCD) (Grade 1C)." There is nothing in the medical record that documents that this patient is intolerant or has a contraindication to: low-molecular-weight heparin, low-dose unfractionated heparin, or adjusted-dose vitamin K antagonist. An additional recommendation from the American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (9th edition) is that: "In patients undergoing major orthopedic surgery, we suggest using dual prophylaxis with an antithrombotic agent and an IPCD during the hospital stay (Grade 2C)." This recommendation states that the use of an intermittent pneumatic compression device is only indicated in the inpatient setting and is not recommended in the outpatient setting once the patient is ambulatory. The American Academy of Orthopaedic Surgeons has also released their guidelines for deep venous thrombosis prophylaxis in arthroplasty patients. The AAOS has stated: "In the absence of reliable evidence, it is the opinion of this work group that patients undergoing elective hip or knee arthroplasty, and who also have a known bleeding disorder (e.g., hemophilia) and/or active liver disease, use mechanical compressive devices for preventing venous thromboembolism." There is no evidence on the medical record that this patient has a known bleeding disorder and/or active liver disease.