

Case Number:	CM15-0178380		
Date Assigned:	09/18/2015	Date of Injury:	01/04/2005
Decision Date:	10/22/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/10/2015

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 54 year old male, who sustained an industrial injury on January 04, 2005. The injured worker was diagnosed as having internal derangement of the left knee. Treatment and diagnostic studies to date has included status post shaving and debridement of the medial femoral condyle, shaving and debridement of the patella with partial anterior synovectomy date unknown, medication regimen, and magnetic resonance imaging. In a progress note dated February 23, 2015 the treating physician reports recent magnetic resonance imaging of an unknown date that was revealing for a tear of the medial meniscus with extrusion of the meniscus. On February 23, 2015 the treating physician noted that the injured worker had complaints of his leg giving out and buckling causing a fall. Examination performed on February 23, 2015 was revealing for pain, tenderness, positive McMurray's sign, and pain to the medial joint line. On February 27, 2015 the injured worker underwent operative arthroscopic partial left knee medial meniscus repair, arthroscopic shaving and debridement of the medial femoral condyle, arthroscopic shaving and debridement of the medial tibial plateau, arthroscopic shaving and debridement of the patella, and arthroscopic anterior syndrome with the operative note indicating that the injured worker tolerated the procedure without any noted complications. The thrombosis risk assessment performed by the treating physician on February 27, 2015 rated the injured worker for minor surgery, an age range of 40 to 60, and a body mass index of greater than 25 percent that gives the injured worker a three and places the injured worker in a high risk category level of three to four points. On February 27, 2015 the treating physician requested retrospective usage of pneumatic compression device as a rental or purchase with the usage of

pneumatic compression leg wraps bilaterally with the treating physician noting the injured worker's risk of thrombosis as documented above. On August 27, 2015 the Utilization Review determined the request for retrospective usage of pneumatic compression device as a rental or purchase with the usage of pneumatic compression leg wraps bilaterally for the date of service of February 27, 2015 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of pneumatic compression device (rental or purchase) with the usage of pneumatic compression leg wraps (bilateral) (DOS: 02/27/2015): 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 Procedure Summary Online Version (updated 05/05/2015).

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 recommended to use 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 and therefore is not medically necessary.