

Case Number:	CM15-0043549		
Date Assigned:	03/13/2015	Date of Injury:	01/26/2009
Decision Date:	04/22/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/09/2015

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: Georgia, California, Texas
 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 injured worker is a 71 year old female, who sustained an industrial injury on January 26, 2009. She reported a left knee injury. The injured worker was diagnosed as having end-stage arthritis of the left knee and status post left knee arthroscopy with partial medial meniscectomy and partial lateral meniscectomy in 2011. She has a history of varicose veins. Treatment to date has included x-rays and non-steroidal anti-inflammatory medication. On January 15, 2015, the injured worker complains of persistent sharp knee pain with weakness, locking, grinding, and feelings of instability and catching. She has trouble with stairs and must hold onto the handrail. Ice, rest, and non-steroidal anti-inflammatory medication help. The physical exam revealed mild generalized swelling of the knee, healed arthroscopy portals, no quadriceps atrophy, a mild antalgic gait, increased valgus alignment, no knee effusion, no prepatellar or infrapatellar swelling, decreased range of motion, and normal muscle strength. There was a negative apprehension test and mild retropatellar crepitation. There was no tendon or ligament tenderness. There was medial and lateral joint line tenderness, no valgus and varus laxity, and negative ligamentous testing, and pain was produced bilaterally with the McMurray testing. The treatment plan includes a left total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep Vein Thrombosis (DVT) max & supplies, outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/21500718> and <http://www.ncbi.nlm.nih.gov/pubmed/24300584>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg Chapter, Venous thrombosis.

Decision rationale: The DVT Max is an intermittent compression unit indicated for prevention of deep venous thrombosis (DVT). MTUS is silent concerning this request. ODG recommends consideration of pharmacological or mechanical DVT prophylaxis for patients who are s/p major knee surgeries. The injured worker is s/p left total knee arthroplasty in February or March of 2015. Due to her postoperative status and age, she would be considered at risk for DVT. Based upon the available information the requested DVT prophylaxis unit is medically necessary and is consistent with ODG recommendations.