

Case Number:	CM15-0071199		
Date Assigned:	04/21/2015	Date of Injury:	03/08/2013
Decision Date:	05/19/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 59 year old male, who sustained an industrial injury on March 8, 2013. He has reported neck pain, shoulder pain, knee pain, and ankle pain. Diagnoses have included osteoarthritis of the shoulder, neck sprain, ankle sprain, internal derangement of the knee, osteoarthritis of the leg, and superior glenoid labrum lesion. Treatment to date has included injections, physical therapy, left shoulder surgery and imaging studies. A progress note dated March 12, 2015 indicates a chief complaint of neck pain, shoulder pain, knee pain, and right ankle pain. The treating physician requested a leg compression device during surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Leg compression device during surgery to prevent deep vein thrombosis (DVT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, compression devices.

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, DVT and Other Medical Treatment Guidelines <http://www.medscape.com/viewarticle/444065>.

Decision rationale: Pursuant to Medscape, leg compression device during surgery to prevent deep vein thrombosis (DVT) is not medically necessary. Sequential compression devices are used to reduce venous stasis and deep vein thrombosis after joint replacement. Deep vein thrombosis is a common complication of total knee replacement. A venous thrombus may cause pain or lead to pulmonary embolism or death. For additional details see the attached link. In this case, the injured worker's working diagnoses are shoulder region disorder; localized primary osteoarthritis shoulder; ankle sprain; internal derangement knee unspecified; localized primary osteoarthritis leg; and superior glenoid labrum lesion. The treating provider requested authorization for an arthroscopy, meniscectomy and chondroplasty, and possible cystectomy. Sequential compression devices are indicated with total knee arthroplasty. Sequential compression devices are not clinically indicated for an arthroscopy, meniscectomy and chondroplasty, a relatively short procedure. There are no additional risk factors for deep vein thrombophlebitis documented in the medical record in terms of clotting abnormalities, bleeding abnormalities etc. there is no documentation in the medical record of a clinical indication or rationale for the leg compression device to prevent deep vein thrombosis. Consequently, absent clinical documentation with risk factors for blood clotting abnormalities with guideline non-recommendations, leg compression device during surgery to prevent deep vein thrombosis (DVT) is not medically necessary.