

Case Number:	CM15-0093204		
Date Assigned:	05/19/2015	Date of Injury:	08/06/1997
Decision Date:	06/26/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/14/2015

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: Texas, New York, California
 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 applicant is a represented 57-year-old who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of August 5, 1997. In a Utilization Review report dated April 26, 2015, the claims administrator failed to approve a request for a Vena Pro device for the right knee. The claims administrator referenced progress notes of January 23, 2015 and January 5, 2015 in its determination. The claims administrator stated that the applicant was contemplating a total knee arthroplasty procedure. The applicant's attorney subsequently appealed. In an RFA form dated April 13, 2015, a Vena Pro device was endorsed on the grounds that the applicant was pending a total knee arthroplasty on April 17, 2015. In a January 5, 2015 progress note, the applicant was described as having advanced bilateral knee arthritis, right greater than left. Norco and a total knee arthroplasty procedure were endorsed. The attending provider stated that the applicant was having difficulty ambulating for greater than one block, despite receipt of earlier viscosupplementation and corticosteroid injections. The applicant's BMI was 26, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vena Pro, Right Knee, quantity 1: Overturned

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 Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Knee Disorders, page 829.

Decision rationale: Yes, the Vena Pro device was medically necessary, medically appropriate, and indicated here. Based on the product description, the device represents a means of delivering DVT prophylaxis following planned total knee arthroplasty surgery. The MTUS does not address the topic of DVT prophylaxis following planned total knee arthroplasty procedures. However, the Third Edition ACOEM Guidelines Knee Chapter notes on page 829 that postoperative compressive stockings and lower extremity pumps, i.e., articles essentially analogous to the device at issue here, are moderately recommended for the prevention of venous thromboembolic disease in applicants who have undergone major knee procedures such as the total knee arthroplasty planned here. Introduction of the Vena Pro device at issue was, thus, indicated for postoperative use purposes following planned total knee arthroplasty surgery. Therefore, the request was medically necessary.