

Case Number:	CM13-0050787		
Date Assigned:	12/27/2013	Date of Injury:	04/11/2013
Decision Date:	06/02/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 40-year-old male sustained an injury to his right knee in 2 separate incidents. The first was 4/11/2013. The patient was improving from this incident when he had a second incident on 5/13/2013. The examination on 5/23/2013 states the patient's knee is not swollen and it does not feel tender when the patient pushes on it. He has not noticed any locking or buckling of the knee joint. Physical examination reveals a 10 lack of full extension, flexion to 130, ligaments are stable, markedly positive McMurray and fullness on the lateral aspect of the popliteal fossa. The patient was treated with physical therapy and medication but did not improve. An MRI scan on 8/1/2013 revealed a complex tear of the lateral meniscus and possible tear of the medial meniscus. On 9/27/2013 the patient underwent arthroscopic surgery with medial and lateral meniscectomies, debridement, synovectomy and chondroplasty. There was a request put in on 10/1/2013 for an intermittent compression device to be rented for 1 month and an intermittent leg compression sleeve to be rented for 1 month. The UR report states that the doctor was unaware that this request was entered and he had intended to order physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Intermittent Compression Device 1 Month Rental: 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, Knee and Leg, Venous Thrombosis).

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, Venous Thrombosis).

Decision rationale: The MTUS is not applicable in this situation. The ODG states that venous thrombosis is 3 times greater after minor injury as well as minor surgery. Risk factors include immobility, surgery, and post-thrombotic genetic variance. It states Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopedic surgery, according to a new study examining a potential role for aspirin in these patients. Patients who received aspirin had a lower VTE risk score than the patients who received warfarin. External compression devices may be needed in addition to aspirin in high risk patients. There is no documentation in the racquet that this patient is a high-risk patient. Therefore, the medical necessity for DVT intermittent compression device has not been established.

Intermittent Limb Compression Sleeve 1 Month: 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, Knee and Leg, Venous Thrombosis).

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, Venous Thrombosis).

Decision rationale: As mentioned above, aspirin appears to be effective in reducing the incidence of DVT and also VTE. Compression devices to help reduce the incidence of DVT but not VTE, compression devices and sleeves can be used as supplement pharmacological treatment in high risk patients. There is no documentation that this patient represents a high risk. There is no documentation of previous DVT, genetic variance, and prolonged immobilization. Therefore, the medical necessity for a compression sleeve is not established.