

Case Number:	CM14-0146093		
Date Assigned:	09/12/2014	Date of Injury:	10/14/2013
Decision Date:	10/07/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 Orthopaedic Surgery and is licensed to practice in California. 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 47-year-old male painter sustained an industrial injury on 10/14/13 relative to a fall from a ladder. Injuries were reported to the head, neck, shoulders, upper back, lower back, and both knees. The patient was diagnosed with multilevel intervertebral cervical and lumbar disc syndrome, bilateral shoulder impingement syndrome, and right knee sprain/strain, rule-out meniscal injury. The 5/30/14 right knee MRI impression documented a chronic anterior cruciate ligament tear, large lateral meniscus tear of the posterior horn, and large displaced medial meniscus tear of the posterior horn with a fragment in the intercondylar notch. There was marginal patellofemoral osteophyte formation and a complex synovial cyst in the midline behind the posterior capsule. The 8/13/14 orthopedic report recommended a right knee arthroscopic meniscectomy with crutches, Polar Care unit, and deep vein thrombosis (DVT) prophylaxis. This 8/22/14 utilization review denied the request for DVT prophylaxis as there were limited risk factors identified to support the medical necessity of this unit. Records indicated that past medical history was positive for smoking but negative for hypertension, diabetes mellitus, cardiovascular disease, or other medical conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Days Post Operative Use of External Prophylaxis Unity Following Right Knee Arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Workers' Comp, Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic)

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 California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request is not medically necessary.