

Case Number:	CM14-0146600		
Date Assigned:	09/12/2014	Date of Injury:	01/23/2013
Decision Date:	11/19/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 23-year-old male with a 1/23/13 date of injury, left knee arthroscopy and posterior horn medial meniscus repair on 12/7/13. At the time (8/29/14) of the Decision for retrospective request for vena flow DVT pump 30 day rental, DOS 12/07/2013, there is documentation of subjective (left knee pain) and objective (minimal left knee effusion and tenderness over lumbar posterior spinous process as well as paraspinal muscle) findings, current diagnoses (left knee posterior horn medical meniscus tear, left knee internal derangement, and lumbar facet syndrome), and treatment to date (physical therapy, chiropractic treatment, and medications). There is no documentation that patient is at moderate, high, or very risk for DVT to support the medical necessity of mechanical methods (Vena Flow DVT Pump) for reducing the incidence of DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for vena flow DVT pump 30 day 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 Chapter, 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 Chapter,

Venous Thrombosis, Other Medical Treatment Guideline or Medical Evidence:
<http://emedicine.medscape.com/article/1268573-overview#aw2aab6b3>

Decision rationale: MTUS does not address this issue. ODG identifies that mechanical compression should be utilized for both total hip and knee arthroplasty for all patients in the recovery room and during the hospital stay. Medical Treatment Guideline necessitates documentation of patient with moderate, high, or very risk for DVT to support the medical necessity of mechanical methods for reducing the incidence of DVT (include passive devices, such as graduated compression (elastic) knee or thigh-high stockings (GCS); active (external pneumatic compress or intermittent pneumatic compression [IPC]) devices; or venous foot pumps (VFP)). Within the medical information available for review, there is documentation of diagnoses of left knee posterior horn medical meniscus tear, left knee internal derangement, and lumbar facet syndrome. In addition, there is documentation of left knee arthroscopy and posterior horn medial meniscus repair on 12/7/13. However, there is no documentation that patient is at moderate, high, or very risk for DVT. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for Vena Flow DVT Pump 30 day rental, DOS 12/07/2013 is not medically necessary.