

Case Number:	CM13-0016411		
Date Assigned:	12/27/2013	Date of Injury:	01/10/2012
Decision Date:	03/10/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

The patient is a 42-year-old male who reported an injury on January 10, 2012 from a twisting motion that caused an injury to his left knee. The patient was initially treated with bracing, physical therapy and medications. The patient ultimately underwent a meniscectomy of the left knee. The patient's postsurgical treatment plan included a Q-Tech Recovery System, pro range of motion postoperative knee brace and crutches. The patient's treatment goals included reduction of pain, reduction of edema, improved activities of daily living, improved range of motion and protection of the surgical repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

purchase a half leg wrap (DME): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines in Workers' Compensation (ODG Treatment Guidelines).

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 Chapter, Venous Thrombosis.

Decision rationale: The clinical documentation indicates that this request is associated with a Q-Tech Recovery System. The system provides compression therapy to prevent development of deep vein thrombosis. The clinical documentation submitted for review does not provide any evidence that the patient is at risk for development of deep vein thrombosis and requires more than standard compression garments. Therefore, the need for the purchase of a half-leg wrap in association with the Q-Tech Recovery System is not indicated. As such, the requested purchase of a half-leg wrap (DME) is not medically necessary or appropriate.