MAXIMUS Federal Services

| Case Number: | CM13-0021366 | | |
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| Date Assigned: | 11/08/2013 | Date of Injury: | 02/07/2013 |
| Decision Date: | 01/13/2014 | UR Denial Date: | 08/30/2013 |
| Priority: | Standard | Application Received: | 09/09/2013 |

## 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 Orthopedic 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 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:

This is a 31-year-old female who sustained an injury to her left knee in a work-related accident on 2/7/13. The clinical records for review indicate complaints of left knee pain for which a March 2013 MRI revealed a horizontal tearing to the medial meniscus. The records indicate that following a course of conservative care surgical arthroscopy and meniscectomy was recommended and performed in June 2013. The claimant's clinical records for review do not indicate the presence of an underlying comorbid condition. Purchased at the time of operative intervention was a deep vein thrombosis intermittent compression device for the left knee. Records indicate that the claimant underwent medial meniscectomy. Postoperative records for review indicate a course of post-operative physical therapy, medication management, and work restrictions. There is an appeal for the use of the deep vein thrombosis (DVT) compression device to the left knee from the time of procedure on 6/19/13 and onward.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**A DVT intermittent compression device:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Center of Medicare & Medicaid Services, National Coverage Analysis, Pneumatic compression pumps for venous insufficiency.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Vasopneumatic devices..

**Decision rationale:** Based on ODG criteria, as California MTUS ACOEM Guidelines and California MTUS Chronic Pain Guidelines are silent, the role of deep vein thrombosis compression device for use on the claimant's left knee would not be indicated. The records indicate that the claimant underwent a surgical arthroscopy to the knee with partial meniscectomy in June 2013. Her clinical records do not indicate significant risk factor for postoperative deep vein thrombosis. The purchase of this device in this claimant's postoperative setting of an outpatient knee arthroscopy for which weightbearing was recommended at the time of discharge would not be supported as medically necessary. The request for a DVT compression device is not medically necessary and appropriate.