

Case Number:	CM13-0033543		
Date Assigned:	12/06/2013	Date of Injury:	02/15/1995
Decision Date:	04/25/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/10/2013

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 Occupational Medicine 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:

The claimant is a 47-year-old female who was injured in a work related accident on February 15, 1995 sustaining multiple injuries including bilateral knee, bilateral wrists, low back, upper back and bilateral shoulder complaints. The injury occurred while being struck by a shopping cart. Specific to the claimant's right knee, there is documentation that the claimant underwent a recent right total knee arthroplasty procedure with postoperative request for a pneumatic compressive device for postoperative use to prevent deep venous thrombosis. Operative report available for review from August 23, 2013 indicates the claimant did undergo right total knee arthroplasty. As stated, the request in this case was specific to postoperative use of a pneumatic compressive unit for the claimant's right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PNEUMATIC COMPRESSION UNIT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Chapter on Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG):Treatment in Worker's Comp, 18th Edition, (2013 Updates):Knee Procedure - Compression Garments.

Decision rationale: Official Disability Guideline criteria indicate that the role of the compressive device in this case would appear medically necessary. Records indicate the claimant underwent right total arthroplasty with use of the device being utilized for postoperative care. The surgical process for total joint arthroplasty in and of itself is a risk factor for deep venous thrombosis. The use of this postoperative compressive device would thus be medically necessary given the claimant's current clinical presentation for review.