

Case Number:	CM13-0039929		
Date Assigned:	12/27/2013	Date of Injury:	06/20/2012
Decision Date:	05/23/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/07/2013

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:

According to the records made available for review, this is a 24-year-old male with a 6/20/12 date of injury, and status post right knee chondroplasty of patella, limited synovectomy for plica, and minor resection of medial meniscus 6/25/13. At the time (9/27/13) of request for authorization for retrospective request for deep vein thrombosis (DVT) intermittent limb compression device, there is documentation of subjective (medial right knee pain) and objective (quadriceps atrophy and medial joint line tenderness) findings, current diagnoses (status post right knee chondroplasty of patella, limited synovectomy for plica, and minor resection of medial meniscus 6/25/13), and treatment to date (medications and physical therapy). There is no documentation of a high risk of developing venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR DEEP VEIN THROMBOSIS (DVT) INTERMITTENT LIMB COMPRESSION DEVICE: 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), 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

Decision rationale: MTUS does not address the issue. ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of DVT prevention system. Within the medical information available for review, there is documentation of status post right knee chondroplasty of patella, limited synovectomy for plica, and minor resection of medial meniscus 6/25/13. However, there is no documentation of a high risk of developing venous thrombosis. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for deep vein thrombosis (DVT) intermittent limb compression device is not medically necessary and appropriate.