

Case Number:	CM13-0043243		
Date Assigned:	12/27/2013	Date of Injury:	05/21/2013
Decision Date:	04/18/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/22/2013

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:

Injured worker is a male with date of injury 5/21/2013. Orthopedic surgeon progress report notes that the right knee is improving with decreased pain. The injured worker reports difficulty with squatting and kneeling. There is no swelling and he had completed 8 visits of physical therapy. He notices pain with quick motion. He is not taking any medications. On exam the right knee has minimal swelling, occasional popping. Range of motion is 0-125. Right quad has slight weakness compared with left. There is residual slight tenderness at the medial joint line at the posterior aspect. Diagnosis is right knee medial meniscal tear, bucket handle component, status post right knee arthroscopy on 10/9/2013. Treatment plan includes: 1) Intraoperative pictures provided 2) May do home exercises 3) Patient returned cryotherapy unit 4) Follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

PNEUMATIC COMPRESSION DEVICE-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 Chapter.

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 INSERT TOPIC DVT PROPHYLAXIS

Decision rationale: The medical records provided for review do not indicate that he injured worker was at increased risk for deep vein thrombosis. He had a arthroscopic surgery of his right knee, and was participating in physical therapy soon after his surgery. Post operative evaluation by his orthopedic surgeon and primary treating physician do not mention any complications, or risk factors that may have necessitated the rental of a pneumatic compression device. The request for pneumatic compression device - rental, is determined to not be medically necessary.