

Case Number:	CM13-0058660		
Date Assigned:	04/25/2014	Date of Injury:	04/12/2013
Decision Date:	06/12/2014	UR Denial Date:	11/02/2013
Priority:	Standard	Application Received:	11/27/2013

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 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 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 44-year-old gentleman who injured the right knee while performing his job duties on 04/12/13. The records provided for review document that following a course of conservative care, the claimant underwent an 08/16/13 right knee arthroscopy with partial medial and lateral meniscectomies. The specific request in this case is for a "DVT intermittent compressive device" following the claimant's above mentioned surgery. There is no indication of an underlying comorbid history, medical issues or past medical history in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 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, Venous Thrombosis Section.

Decision rationale: When looking at the Official Disability Guideline (ODG), the role of a vasocompressive device in this setting would not be indicated. Clinical records do not indicate

any evidence of high risk underlying comorbid factor for this individual following surgical intervention 08/16/13. While surgical arthroscopy was performed, this is typically a weight bearing recovery with no documentation indicating a previous history of DVT or venothrombolytic issue for this individual. The role of the above mentioned device following the above mentioned surgical process is not medically necessary or appropriate.