

Case Number:	CM13-0059029		
Date Assigned:	12/30/2013	Date of Injury:	08/03/2004
Decision Date:	04/14/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/25/2013

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 Pennsylvania. 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 patient is a 69-year-old female who was injured in a work related accident on 08/03/04. The records provided for review included an operative report dated 07/26/13 documenting that the claimant underwent a left knee arthroscopy, tricompartmental chondroplasty and partial synovectomy. A follow up orthopedic report dated 08/06/13 indicating pain and swelling following the above mentioned knee procedure with examination showing 85 degrees of flexion and no signs of infection. There is a current request for an intermittent limb compression device for 30 days use following the above mentioned procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERMITTENT LIMB COMPRESSION DEVICE 1-30 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: When looking at the Official Disability Guidelines, the request for intermittent limb compression device for 30 days of use would not be indicated. While

vasopneumatic compression devices are recommended to reduce edema following acute injuries, their length, frequency, and duration of use are unclear. The claimant underwent left knee arthroscopy, chondroplasty and debridement of the knee, a stable surgical process that would allow acute weightbearing in the postoperative setting. The medical records do not support the use of an intermittent leg compression device for a 4+-week period of time in the postoperative setting. The request is not medically necessary and appropriate.