

Case Number:	CM13-0067407		
Date Assigned:	01/03/2014	Date of Injury:	07/26/2013
Decision Date:	04/25/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 reported a date of injury on 07/26/2013 and the mechanism of injury were noted from kicking. The patient diagnosis was a sprain lateral collateral ligament. The medical documentation noted that the patient had a partial lateral meniscectomy of the left knee on 09/17/2013. The current treatment plan includes DVT Intermittent Compression Device.

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 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 (ODG), Knee, Venous Thrombosis

Decision rationale: The Official Disability Guidelines (ODG) recommended patients should be identified who are at risk for venous thrombosis prior to surgical intervention and if appropriate treated with oral anticoagulant therapy. Additionally they indicate that a vasopneumatic device as an option to reduce edema after acute injury. The patient had a partial lateral meniscectomy of

the left knee. The request as submitted does not indicate the duration being requested. Therefore, the request for the DVT Intermittent Compression Device is not medically necessary.