

Case Number:	CM14-0003765		
Date Assigned:	02/03/2014	Date of Injury:	02/16/2013
Decision Date:	06/20/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/10/2014

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 Texas. 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 injured worker reported an injury on 02/16/2013 secondary to unknown mechanism of injury. The injured worker was evaluated on 11/05/2013 for reports of left knee pain with popping and clicking and surgery was indicated. The injured worker had a diagnostic arthroscopy with partial meniscectomy and resection of ligamentum mucosa on 11/08/2013. The surgical report noted there were no complications and estimated blood loss was minimal. The injured worker was evaluated on 11/18/2013 for evaluation after surgery with reports of swelling and pain. The exam noted the calf was non-tender, active range of motion was 0-100 degrees with pain at maximum flexion and a slight antalgic limp. The treatment plan included medication and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MECHANICAL COMPRESSION DEVICE AND SLEEVES FOR VTE (VENOUS THROMBOEMBOLISM) PROPHYLAXIS, POST LEFT KNEE ARTHROSCOPY, FOR 30 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Knee And Leg Chapter, Venous Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Knee And Leg, Venous Thrombosis.

Decision rationale: The California MTUS/ACOEM do not address mechanical compression devices. The Official Disability Guidelines (ODG) recommends the use of mechanical compression devices as part of a multimodal approach for patients at risk of venous thrombosis. There is no indication in the documentation provided that the injured worker is at risk of venous thrombosis. Therefore, the request for mechanical compression device and sleeves for VTE (Venous Thromboembolism) prophylaxis, post left knee arthroscopy, for 30 days is not medically necessary and appropriate.