

Case Number:	CM14-0004049		
Date Assigned:	02/05/2014	Date of Injury:	02/15/2012
Decision Date:	07/25/2014	UR Denial Date:	12/16/2013
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 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:

This 62-year-old female sustained an industrial injury on 2/15/12. Injury to the left lower extremity occurred when she slipped and fell. She was diagnosed with a non-displaced patellar fracture. The 5/25/13 left knee MRI impression documented mild degenerative arthrosis of the medial femoral tibial and patellofemoral joints, mild osteopenia, and os fabella. The 11/4/13 treating physician report indicated that patient had persistent medial left knee pain with intermittent swelling and catching. Pain was aggravated by squatting, bending and twisting activities. Physical exam findings documented quadriceps atrophy, trace effusion, medial joint line tenderness, 4/5 quadriceps strength, and positive medial McMurray's test. The patient was diagnosed with symptomatic medial meniscus tear. The treatment plan recommended left knee arthroscopic meniscectomy and debridement. Additional requests included purchase of deep vein thrombosis (DVT) pneumatic compression wraps. The 12/16/13 utilization review denied the request for deep vein thrombosis (DVT) pneumatic compression wraps. A peer-to-peer discussion was documented. The treating physician indicated there were no specific DVT risk factors and a routine arthroscopic procedure was planned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep vein thrombosis (DVT) pneumatic compression wraps for purchase.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee & leg (updated 11-29-13), compression garments.

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

Decision rationale: The California MTUS guidelines are silent with regard to the requested item and DVT prophylaxis. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guideline criteria have not been met. There are no specific significantly increased DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated or insufficient to warrant the use of mechanical prophylaxis. There is no documentation that standard compression stockings would be insufficient. Therefore, this request for deep vein thrombosis (DVT) pneumatic compression wraps for purchase is not medically necessary.