MAXIMUS Federal Services

Case Number:	CM14-0004620		
Date Assigned:	01/24/2014	Date of Injury:	06/05/2013
Decision Date:	06/10/2014	UR Denial Date:	01/02/2014
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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 34 year-old female who was injured on 6/5/13. She has been diagnosed with right knee complex discoid lateral meniscal tear; chondromalacia of patella and medial femoral condyle, type 1; and synovitis. She underwent arthroscopic surgery on 10/17/13 including lateral meniscal debridement, chondroplasty, patella and medial femoral condyle and partial synovectomy. No complications mentioned on the operative report. On 1/2/14 UR provided a retrospective denial for the Venaflow compression pump with DVT prophylaxis for 10/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE VENAFLOW COMPRESSION PUMP WITH DVT PROPHYLAXIS AND THE PURCHASE OF 2 VENAFLOW WRAPS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES: KNEE CHAPTER, CONTINUOUS-FLOW CRYOTHERAPY

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 , SECTIONS ON COMPRESSION CRYOTHERAPY AND CONTINUOUS-FLOW CRYOTHERAPY.

Decision rationale: The patient underwent right knee arthroscopy on 10/17/13. The cold therapy unit was apparently approved, but the compression pump was not. MTUS/ACOEM does not discuss compression cryotherapy units. ODG was consulted. ODG states these are recommended as with the continuous flow cryotherapy units. The use of the compression cryotherapy device was in accordance with ODG guidelines. The request is certified.