

Case Number:	CM14-0100322		
Date Assigned:	07/30/2014	Date of Injury:	06/13/2012
Decision Date:	09/10/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/30/2014

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 is a 33-year-old gentleman who was injured in a work related accident on 06/13/12. The clinical progress report of 06/03/14 noted continued complaints of right knee pain. Physical examination revealed tenderness of the medial joint line with no instability, 0 to 135 degrees range of motion and no effusion. Given his current clinical findings and MRI scan of the knee, he was recommended for further intervention. There is no MRI report or documentation of MRI findings. There is also no documentation of recent conservative treatment. There is a current request for postoperative use of DVT compression devices with wraps times two for a one day rental. It was documented that the surgical process was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) day rental of intermittent pneumatic compression device with two (2) deep venous thrombosis (DVT) compression sleeves.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Based on Official Disability Guidelines, as the California MTUS and ACOEM Guidelines do not address the request, the request for DVT compression devices to the bilateral lower extremities for one day would not be indicated. The medical records document that the claimant has continued complaints of knee pain but do not document that the proposed surgery has been determined medically necessary. In absence of documentation that the claimant is an appropriate surgical candidate, the use of a DVT compression device to the bilateral lower extremities would not be medically necessary.