

Case Number:	CM14-0105274		
Date Assigned:	07/30/2014	Date of Injury:	08/30/2012
Decision Date:	09/26/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/08/2014

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 Occupational Medicine 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 injured worker is a 52-year old male with a date of injury of August 30, 2012. He was diagnosed with (a) status post left knee arthroscopy and debridement, (b) worsening left knee pain and (c) osteoarthritis of the left knee. In an Agreed Medical Re-evaluation report dated August 6, 2014 he complained of left knee pain which he described as aching and sharp with a giving way and locking sensation. The pain was increased by prolonged standing, walking, repetitive climbing, squatting, kneeling and stooping and prolonged walking on uneven ground. It is also indicated that his pain has markedly increased since his last evaluation. Physical examination revealed that he ambulated with an antalgic gait and with the aid of a cane. Examination of the left lower extremity was significant for periarticular edema and atrophy of the left thigh. He performed heel-to-toe gait with limping on his left leg with short stance and guarding of his knees. Tenderness was noted over the medial meniscal area. Crepitus was also noted over the patella of the femur. His range of motion was limited with pain. This is a review for deep vein thrombosis (DVT) compress pumps.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Compression garments Official Disability Guidelines (ODG) Knee and Leg, Lymphedema pumps.

Decision rationale: The medical records received have limited information to support the medical necessity of the deep vein thrombosis compress pumps. Based on the records received the request was for a post-operative use of deep vein thrombosis compress pumps, however it was not indicated whether the requested left knee arthroplasty was authorized. Without clear notice that the requested procedure is authorized, the request for the durable equipment deep vein thrombosis compress pumps is not medically necessary at this time.