

Case Number:	CM14-0109191		
Date Assigned:	08/01/2014	Date of Injury:	08/27/2012
Decision Date:	10/09/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 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 records presented for review indicate that this 58 year-old female was reportedly injured on 8/27/2012. The most recent progress note, dated 7/1/2014. Indicates that there are ongoing complaints of left knee and left calf pain. The physical examination demonstrated left lower; positive edema, positive tenderness in the left calf, increased warmth, no erythema. Positive Homans. Left knee trace effusion, range of motion 3-95. Left calf 42 cm, right calf 40. Diagnostic imaging studies include venous Doppler ultrasound of the left lower extremity on 7/1/2014 which revealed negative study, no DVT noted. Previous treatment includes medications, and conservative treatment. A request had been made for pneumatic intermittent compression device and was not certified in the pre-authorization process on 7/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Post-operative Pneumatic Intermittent Compression Device: 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 chapter

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

Decision rationale: ODG state that there's inconsistent evidence for compression stockings to prevent post-thrombotic syndrome after 1st-time proximal DVT. The findings of the study do not support routine wearing of elastic compression stockings after DVT. The treating physician has requested a pneumatic compression device. After review the medical records provided it is noted the injured worker did have left leg swelling, Tenderness, positive Homans and increased diameter of the left calf in comparison to contralateral side. There's also a negative venous Doppler of the left lower extremities performed on that date of service which was normal, no DVT noted. Therefore the request for pneumatic compression device is not deemed medically necessary due to lack of objective clinical findings necessitating the need for this piece of medical equipment. This request is deemed not medically necessary.