

Case Number:	CM14-0134664		
Date Assigned:	08/27/2014	Date of Injury:	03/18/2014
Decision Date:	09/29/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/21/2014

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:

This is a 35 year old male with a 3/18/14 injury date. He tripped over a block of wood and fell over onto his left knee. In follow-up on 7/23/14, subjective complaints included left knee pain and swelling. Objective findings included left knee range of motion from 0 to 120 degrees, pain at the medial patella on palpation, minimal pain with flexion after 110 degrees, no instability, 5-/5 strength left psoas, 5/5 strength quads and hamstrings, and sensation was intact. There is no mention in any of the documentation of calf tenderness, calf mass, positive Homann's sign, or any risk factor for the patient having a DVT. Diagnostic impression: left knee meniscus tear. Treatment to date: left knee aspiration, bracing, medications, left knee arthroscopy (6/16/14). A UR decision on 8/12/14 denied the request for intermittent pneumatic compression device on the basis that there is no information given that supports how the patient is especially at risk for deep vein thrombosis (DVT).

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT - Intermittent Pneumatic Compression Device (OCCM cost [REDACTED]), SCD sleeves:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Knee and Leg Chapter.

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 Chapter.

Decision rationale: The ODG states that vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling; or for home-use as an option for the treatment of lymphedema after a four-week trial of conservative medical management that includes exercise, elevation and compression garments. In the present case, there is no rationale in the documentation that justifies the need for intermittent compression device for this patient. There are no subjective complaints or objective signs that indicate DVT. There are no risk factors mentioned that would place this 35 year old patient at increased risk for DVT. Therefore, the request for DVT - Intermittent Pneumatic Compression Device (OCCM cost [REDACTED]), SCD sleeves, is not medically necessary.