

Case Number:	CM14-0159058		
Date Assigned:	10/02/2014	Date of Injury:	11/04/2013
Decision Date:	11/06/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/29/2014

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 case involves a 45 year old injured worker who reported an industrial injury of 11/4/13. Examination note dated 3/25/14 demonstrates left knee lateral meniscus tear. The patient reports increasing pain in the left knee. Examination of the left knee demonstrates report of exquisite tenderness over both the medial and lateral joint space. McMurray's sign was noted to be positive, and the anterior and posterior drawer sign were negative. Slight swelling and minimal effusion were noted. Range of motion was noted to be 0-120 degrees of flexion and extension. The MRI of the left knee dated 12/26/13, demonstrates meniscal tear and signal change in the anterior cruciate ligament and intact posterior cruciate ligament.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 8/25/14), Venous Thrombosis

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The Official Disability Guidelines (ODG), Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommended to use mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient, there is no documentation of a history of increased risk of DVT or major knee surgery. The injured worker has not increased risk for DVT from the exam notes of 3/25/14. The request is for a low risk knee arthroscopy. Therefore, this request is not medically necessary.

Purchase DVT calf cuff: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 8/25/14), Venous Thrombosis

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The Official Disability Guidelines (ODG), Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommended to use mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient, there is no documentation of a history of increased risk of DVT or major knee surgery. The injured worker has not increased risk for DVT from the exam notes of 3/25/14. The request is for a low risk knee arthroscopy. Therefore, this request is not medically necessary.