

Case Number:	CM14-0160257		
Date Assigned:	10/09/2014	Date of Injury:	04/26/2013
Decision Date:	11/24/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/30/2014

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 New York. 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 60-year-old female with date of injury of April 26, 2013. She has chronic right knee pain. She underwent surgery on April 10, 2014 for right knee arthroscopy meniscectomy and chondroplasty. At issue is whether intermittent compression device for 30 day rental is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent Limb Comp Device x 30 Days Rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. 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) Knee Pain Chapter.

Decision rationale: ODG guidelines do not recommend intermittent limb compression device for 30 days after routine knee arthroscopy surgery. Home application of ice and cold packs will suffice for postoperative swelling control. Compression units are not appropriate for DVT prophylaxis after routine arthroscopy surgery of the knee because this procedure is not

considered high-risk for postoperative DVT. Therefore, the request for Intermittent Limb Comp Device x 30 Days Rental is not medically necessary.