MAXIMUS Federal Services

Case Number:	CM14-0160429		
Date Assigned:	10/06/2014	Date of Injury:	04/02/2014
Decision Date:	11/21/2014	UR Denial Date:	09/19/2014
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 Pain Management 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 31 year old female with a date of injury on 4/02/2014. She underwent magnetic resonance imaging (MRI) of the right knee on 4/21/2014 which demonstrated evidence of a tear within the posterior horn of the lateral meniscus and joint effusion. Records dated 5/01/2014 documents that the injured worker complained of right generalized knee pain with more significant lateral joint line pain which was worse with deep knee flexion and twisting and pivoting maneuvers. She also reported occasional locking of the knee. On examination, lateral joint line tenderness was noted. Range of motion was limited due to pain. X-rays noted negative results. 06/10/2014 records indicate that she was provided with crutches postoperatively. Per records dated 6/10/2014, the injured worker underwent right knee arthroscopy with partial lateral menisectomy and injections. She also underwent 17 post operative physical therapy sessions from 6/25/2014 to 8/20/2014. She noted improvements with knee bending but continued to experience hip and pelvic pain. Most recent records dated 8/13/2014 noted that she has severe pain radiating up and down her leg along with groin and buttock pain. She expressed concern that she was not recovering. A lumbar spine examination noted tenderness over the lumbosacral junction. Straight leg raising test was positive on the right. Right lower examination noted near full range of motion. She was diagnosed with (a) status post arthroscopy with partial lateral menisectomy on 06/10/2014, right knee improving; and (b) rule out herniated lumbar disc - herniated disc pulposus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Pneumatic Appliance Half Leg, 30 days rental: 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, Durable Medical Equipment (DME)

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

Decision rationale: The requested pneumatic appliance half leg, 30 day rental, a compression device that is considered as a durable medical equipment that is used for the treatment of chronic venous insufficiency of the leg who have venous stasis ulcers that have failed after a 6-month trial of conservative therapy directed by the physician. Guidelines further indicate that it is recommend to identify injured workers who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anti-coagulation therapy. The risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. In this case, although the injured worker has underwent right knee arthroscopy with partial lateral laminectomy on 6/10/2014 there is no indication that she is in danger of developing deep vein thrombosis. There is no indication that she was unable to be mobile and there is no indication of weakness or other injuries that decreases her ability to be mobile. Based on these reasons, the medical necessity of the requested retro pneumatic appliance half leg, 30 day rental is not established.

Retro: Intermittent Limb Comb Device, 30 days rental: 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, Durable Medical Equipment (DME)

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

Decision rationale: The retro request of intermittent Limb Comb device is also classified under pneumatic intermittent compression device which is a durable medical equipment that is used to treat/prevent deep vein thrombosis. However, the injured worker is determined not to be at risk of developing such occurrence. Hence, the medical necessity of the retro request intermittent limb compression device 30 days rental is not established.