

<b>Case Number:</b>	CM14-0169898		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 underlying date of injury in this case is 01/24/2014. The date of the initial utilization review under appeal is 09/16/2014. The patient's diagnosis is status post left knee partial medial and lateral meniscectomies of 05/02/2014. The patient was seen in orthopedic followup 05/02/2014, at which time he was noted to be 10 days status post left knee arthroscopy with partial medial and lateral meniscectomies. It was felt that the potentially had developed tolerance to narcotic medication at that time. There were no signs of infection or erythema at the surgical site. There was mild diffuse tenderness to palpation at the surgical site. The patient was referred to physical therapy for range of motion, strengthening, and edema management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for sleeves for VTE (venous thromboembolism) prophylaxis:** 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)

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

**Decision rationale:** The California Medical Treatment Utilization Schedule does not specifically discuss the requested equipment. The Official Disability Guidelines/Treatment in Workers Compensation/Knee under venous thrombosis recommends identifying subjects at a high risk of developing venous thrombosis. The medical records do not specifically discuss the patient's risk factors for venous thrombosis and do not provide a rationale for retrospective approval of a mechanical compression device with sleeves for venous thrombosis prophylaxis. This request is not supported by the medical records and treatment guidelines. Overall this request is not medically necessary.

**Retrospective request for mechanical compression device for the left knee:** 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)

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

**Decision rationale:** The California Medical Treatment Utilization Schedule does not specifically discuss the requested equipment. The Official Disability Guidelines/Treatment in Workers Compensation/Knee under venous thrombosis recommends identifying subjects at a high risk of developing venous thrombosis. The medical records do not specifically discuss the patient's risk factors for venous thrombosis and do not provide a rationale for retrospective approval of a mechanical compression device with sleeves for venous thrombosis prophylaxis. This request is not supported by the medical records and treatment guidelines. Overall this request is not medically necessary.