

<b>Case Number:</b>	CM14-0174573		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 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 51-year-old male deputy sheriff sustained an industrial injury on 2/15/11. Injury to both knees was reported relative to cumulative trauma. Past medical history was positive for hypertension. Past surgical history was positive for right knee arthroscopy with synovectomy and chondroplasty of the trochlea on 6/20/12. The 8/10/14 left knee MRI impression documented a horizontal cleavage tear of the posterior horn of the medial meniscus, mild myxoid degeneration medial meniscus, and upper normal fluid in the joint space of Baker. The 8/22/14 treating physician report cited increased left knee pain and soreness with work activities and occasional buckling. Left knee exam documented slight swelling, positive medial joint line tenderness, pain with McMurray's, range of motion 0-125 degrees with no crepitus, and pain with resisted internal rotation. The diagnosis was early medial compartment arthropathy both knees and left knee medial meniscus tear. The treatment plan requested authorization for left knee arthroscopy and partial medial meniscectomy. The patient underwent left knee arthroscopy with synovectomy, chondroplasty of the patella and trochlear groove, and removal of the chondral ridge located just off the medial most aspect of the medial femoral condyle in continuity with the medial plica on 9/24/14. The 10/1/14 utilization review denied the request for a pneumatic intermittent compression device as there was no medical rationale for use following a routine knee arthroscopy and there was no contraindication to pharmacological anti-coagulation. The request for continuous passive motion unit rental was denied as there was no guideline support for use following an arthroscopic knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pneumatic Int. Compression Device: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg regarding 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, Venous Thrombosis

**Decision rationale:** The California MTUS guidelines are silent with regard to this device. The Official Disability Guidelines (ODG) recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis in the form of pneumatic intermittent compression. Therefore, this request is not medically necessary.

**Rental Knee CPM with Pads, 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 Knee and Leg regarding Continuous Passive Motion (CPM)

**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, Continuous passive motion (CPM)

**Decision rationale:** The California MTUS does not provide recommendations for this device following knee arthroscopy. The Official Disability Guidelines recommend the use of continuous passive motion (CPM) devices in the home for up to 17 days for patients who have undergone primary or revision total knee arthroplasty. There is no guideline support for the routine or prophylactic use of a CPM unit following knee arthroscopy. There is no compelling reason to support the medical necessity of CPM for this patient. Therefore, this request is not medically necessary.