

<b>Case Number:</b>	CM14-0022746		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Texas and 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 54-year-old who reported injury of the left knee on January 14, 2013 secondary to unloading bags off a plane. The injured worker complained of intermittent pain to the medial aspect of the left knee rating the pain an 8/10 on a 0 to 10 scale that is worse with prolonged standing and walking. He also stated that it sometimes buckled on him. On physical examination the left knee showed no deformity, swelling, or ecchymosis, and a negative Lachman's test. The McMurry's test was positive and he also had pain with full range of motion. There were no diagnostic studies submitted to support the request. The injured worker continued on light duty restrictions status post surgery for left meniscus tear, uses a knee brace and had done at least six visits of physical therapy. His medications were Mobic 7.5 mg one by mouth daily and Tylenol 500mg one by mouth three times a day. The request is for durable medical equipment, deep vein thrombosis max and supplies for home use, left knee however, it is unclear as to what the request is specifically for as well as the duration. The request for authorization form was not submitted for review. There is no rationale for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURABLE MEDICAL EQUIPMENT, DEEP VEIN THROMBOSIS MAX AND SUPPLIES FOR HOME USE PURCHASE, LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**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 Official Disability Guidelines recommend identifying subjects who are at a high risk of getting venous thrombosis and providing prophylactic measures such as anticoagulation therapy. The injured worker underwent a meniscectomy surgery; however, there is no documentation to show that the injured worker was placed on anticoagulant therapy and furthermore the request is unclear as to what the request is for as well as the duration. Therefore, the request for for the purchase of durable medical equipment - deep vein thrombosis max and supplies for home use is not medically necessary or appropriate.