

<b>Case Number:</b>	CM14-0027479		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### **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 is a 58-year-old female who sustained an injury to the right knee on 7/29/13. Based on failure to improve with conservative care and a positive MRI scan, surgical intervention was recommended in the form of an arthroscopy. There is a current request for a vasopneumatic compression device to be utilized in the post-operative setting for a non-documented duration. The remainder of the clinical records were not pertinent to the DME request. This is a 58-year-old female who sustained an injury to the right knee on 7/29/13. Based on failure to improve with conservative care and a positive MRI scan, surgical intervention was recommended in the form of an arthroscopy. There is a current request for a vasopneumatic compression device to be utilized in the post-operative setting for a non-documented duration. The remainder of the clinical records were not pertinent to the DME request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**POST-OP PNEUMATIC COMPRESSION DEVICE RENTAL FOR THE RIGHT KNEE (DURATION UNSPECIFIED): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Knee.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS: Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm/wrist/hand procedure - Vasopneumatic devices.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address this request. Based on Official Disability Guidelines, the request for a pneumatic compression device in this instance would not be indicated. There is no indication of duration or frequency of use for the above device. There is also no documentation in the claimant's past medical history of a significant risk factor for deep vein thrombosis or underlying comorbidity for a venothrombolytic event. Based on the above, the role of a pneumatic compression device for non-documented period of time following a right knee arthroscopy for which the individual would be weight bearing in the post-operative setting is not medically necessary.