

<b>Case Number:</b>	CM14-0037105		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Texas. 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 57-year-old female who reported an injury on 08/08/2011. The mechanism of injury was not provided. The injured worker underwent a left knee arthroscopy and limb debridement and chondroplasty of the medial meniscus and the lateral tibial plateau. The injured worker was given aspirin for deep vein thrombosis prophylaxis. The documentation of 08/16/2012 revealed the injured worker had complaints of continued left knee pain. The treatment plan included surgical intervention. The diagnosis was pain in joint, lower leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 9/17/12): DME: Intermittent limb 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)- Knee Chapter, regarding compression garments.

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

**Decision rationale:** The Official Disability Guidelines indicate that injured workers should be identified who are at risk of developing venous thrombosis and there should be consideration for the provision of prophylactic measures, including anticoagulation therapy. Additionally, they indicate that the use of compression garments is supported. Low levels of compression 10 to 30 mm Hg applied by stockings are effective in the prevention of deep vein thrombosis. The injured worker was noted to be treated with aspirin. There was a lack of documented rationale to support the necessity for an intermittent limb compression device. Given the above, the retrospective request (DOS: 9/17/12) for DME: intermittent limb compression device for the left knee is not medically necessary.