

Case Number:	CM14-0054339		
Date Assigned:	07/07/2014	Date of Injury:	08/15/2011
Decision Date:	08/14/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/23/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 45-year-old female who reported an injury on 08/15/2011. The mechanism of injury was noted to be a fall. The injured worker's prior treatments were noted to be physical therapy, chiropractic therapy, knee brace, injections, a home exercise program, and medications. Her diagnosis was noted to be left knee medial meniscus tear. An evaluation dated 10/08/2013 documented the injured worker with complaints of knee pain. The injured worker described the pain as encompassing the entire knee but mostly in the anterior aspect. She stated that her knee pain was a 5/10 on average but ranged from mild to severe depending on activity. It was noted in the subjective complaints that the knee swelled up at times and would lock up about once a week. The physical examination noted no visible effusion over the left knee. There was tenderness at the medial joint line, lateral joint line, medial knee, lateral knee, posterior knee, and patellar tendon. It was noted she was especially tender over the left iliotibial band. The range of motion was 0 to 140 degrees with no pain at end range. Medial stability test was normal. Lateral stability test was normal. Anterior drawer sign was normal. Posterior drawer sign was normal. McMurray's test was normal. There was mild to moderate patellar grinding. The knee injury and osteoarthritis outcome survey score was 36% which indicated a moderate impairment. The treatment plan included chiropractic care and a referral to a functional improvement program. The provider's rationale for the request was not provided within the documentation. A request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep Vein Thrombosis (DVT) Intermittent Pneumatic Compression Device Rental times 1 day Date of Service 2/10/14: 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), Treatment Index, 12th Edition (web), 2014, Knee & Leg - VenousThrombosis.

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, Lymphedema pumps.

Decision rationale: The Official Disability Guidelines recommend home use of lymphedema pumps as an option for the treatment of lymphedema after a 4 week trial of conservative medical management that includes exercise, elevation, and compression garments. The documentation provided for review does not indicate a 4 week trial of conservative medical management including exercise, elevation, and compression garments. In addition, the request failed to indicate the area of use on the body. Therefore, the request for deep vein thrombosis thrombosis intermittent pneumatic compression device rental x 1 day, date of service 02/10/2014 is not medically necessary and appropriate.