

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0062163 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 07/03/2013 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 03/31/2014 |
| Priority: | Standard | Application Received: | 05/05/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

The injured worker is a 67 year old male who reported an injury to his right knee. A clinical note dated 01/27/14 indicated the injured worker complaining of right knee pain which was exacerbated with walking, standing, and rising from a seated position. Upon exam, tenderness to palpation was identified at the medial and lateral joint lines. Crepitus was identified with range of motion testing. The injured worker had positive McMurray sign. A clinical note dated 03/10/14 indicated the injured worker having significant past medical history including surgery on the left knee. Upon exam effusion was trace at the right knee. A clinical note dated 04/08/14 indicated the injured worker utilizing being recommended for an operative procedure at the right knee. The operative note dated 04/10/14 indicated the injured worker undergoing arthroscopic chondroplasty and synovectomy and partial medial meniscectomy. A clinical note dated 04/16/14 indicated the injured worker complaining of nighttime pain. The injured worker was partial weight bearing with crutches. A clinical note dated 04/21/14 indicated the injured worker being recommended for venous Doppler at the right lower extremity in order to rule out DVT. Venous duplex studies on 04/22/14 revealed no evidence of a right sided deep vein thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op cold/compression/DVT (deep vein thrombosis) therapy Qty: 14 days: 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).

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 Chapter, Venous thrombosis.

Decision rationale: The request for post-operative cold compression deep vein thrombosis (DVT) device for 14 days is not medically necessary. The injured worker underwent right knee meniscectomy and chondroplasty. A compression DVT device is indicated for injured workers who have demonstrated significant findings consistent with a deep vein thrombosis. The injured worker underwent Doppler study which revealed no significant findings indicating deep vein thrombosis in the right lower extremity. Given this, the request is not indicated as medically necessary.