

Case Number:	CM14-0076507		
Date Assigned:	07/18/2014	Date of Injury:	11/09/2008
Decision Date:	09/24/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/27/2014

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 Occupational 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:

Patient is a 63 year-old male with date of injury 11/09/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/14/2014, lists subjective complaints as right knee pain. Patient is status arthroscopic partial medial/lateral meniscectomy, synovial cyst resection, synovectomy, and chondroplasty on 01/16/2014. Objective findings: Examination of the right knee revealed tenderness in the medial joint line with +2 crepitus on movement. Range of motion was restricted in all planes due to pain. Diagnosis: 1. Herniated nucleus pulposus of the cervical spine with arthritic changes 2. Right rotator cuff tear 3. Status post right knee arthroscopy and chondroplasty 4. Status post right subacromial decompression and rotator cuff repair 5. Status post right knee arthroscopy, meniscectomy and chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic compression device rental times thirty (30) days, from DOS 1/16/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; American Academy of Orthopaedic Surgeons clinical guideline on prevention of symptomatic pulmonary embolism in patients undergoing total hip or knee arthroplasty. Rosemont (IL): American Academy of Orthopaedic Surgeons (AAOS); 2007. 63p. [49 references].

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 (Acute & Chronic), Venous thrombosis.

Decision rationale: The Official Disability Guidelines recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopaedic surgery, according to a new study examining a potential role for aspirin in these patients. The Guidelines do not support pneumatic compression devices to be used at home.