

Case Number:	CM14-0078040		
Date Assigned:	07/18/2014	Date of Injury:	08/31/2011
Decision Date:	09/23/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/28/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 56-year-old gentleman who was reportedly injured on August 31, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 2, 2014, indicates that there are ongoing complaints of right knee pain and low back pain. A left wrist examination was performed which indicated a positive Tinel's test and decreased sensation at the ulnar distribution. Diagnostic imaging studies were not included. Previous treatment includes right knee surgery for a partial medial meniscectomy, chondroplasty, and Synovectomy as well as a left-sided carpal tunnel release. A request was made for a mechanical compression unit with sleeves for venous thromboembolism prophylaxis for 30 days as a rental and was not certified in the pre-authorization process on April 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Mechanical Compression unit with sleeves for VTE prophylaxis x 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg chapter, Venous thrombosis.

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, Compression Garments, Updated August 25, 2014.

Decision rationale: According to the Official Disability Guidelines there is inconsistent evidence for the use of compression garments to prevent post-thrombotic syndrome after first time proximal deep vein thrombosis. Additionally, the attached medical record does not indicate that the injured employee has had a previous deep vein thrombosis. For these reasons this request for a mechanical compression unit with sleeves for venous thromboembolism prophylaxis x 30 day rental is not medically necessary.