

Case Number:	CM14-0082944		
Date Assigned:	07/21/2014	Date of Injury:	12/08/2013
Decision Date:	09/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/04/2014

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 records, presented for review, indicate that this 54-year-old male was reportedly injured on December 8, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 11, 2014, indicated that there were ongoing complaints of knee pain. The physical examination demonstrated well healed surgical portals, flexion of 130, no fusion or other backseat. Diagnostic imaging studies were not presented for review. Previous treatment included conservative care, medications, and arthroscopic surgery. A request had been made for DVT prophylaxis unit with intermatien limb therapy, mobiless, 30-day postop use and was not certified in the pre-authorization process on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT prophylaxis unit with intermatien limb therapy, mobiless, 30 day post op use:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter updated August, 2014 (Electronically sited).

Decision rationale: The MTUS or ACOEM guidelines do not address this topic. The parameters noted in the Official Disability Guidelines (ODG) were employed. However, when noting the surgery completed, the findings on the physical examination, there is no clinical indication to suspect a deep vein thrombosis. Therefore, a 30 day prophylaxis is not medically necessary.