

Case Number:	CM14-0098523		
Date Assigned:	09/16/2014	Date of Injury:	02/11/2013
Decision Date:	11/20/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/26/2014

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, and is licensed to practice in New York. 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 49 year old male who reported injury on 02/11/2013. The mechanism of injury was a slip and fall. The medications were not provided. The surgical history included a right knee arthroscopy. The prior therapies included physical therapy and medications. The diagnoses included Left knee pain, left knee medial Meniscus tear, left knee medial collateral ligament sprain, and a left knee anterior cruciate ligament sprain. In the documentation provided there was no notation on past treatments. Diagnostic studies included a left knee MRI performed on 02/28/2013 which noted a complex tear of the posterior horn tear of the medial meniscus and sprains of the medial collateral ligament and anterior cruciate ligament. The injured worker underwent a left knee arthroscopy on 02/14/2014. No rationale for the Intermittent Limb comp device purchase for the left knee was provided. No Request for Authorization was included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for an Intermittent Limb Compression Device (purchase, for the left knee, DOS: 2/28/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder 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 & Leg Chapter, Venous Thrombosis

Decision rationale: The Official Disability Guidelines recommend injured workers should be screened for being at risk of developing deep vein thrombosis. There was a lack of documentation indicating a necessity for the purchase of a venous thrombosis unit. There was a lack of documentation indicating the injured worker was at high risk for developing deep vein thrombosis. There was a lack of documentation indicating a necessity to purchase a compression unit. Given the above, the retrospective request for an intermittent limb compression device purchased for the left knee, date of service 02/28/2014, is not medically necessary.