

Case Number:	CM14-0175994		
Date Assigned:	10/29/2014	Date of Injury:	11/04/2012
Decision Date:	01/02/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/23/2014

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 Orthopedic Surgery 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 patient is a 58-year-old male who has submitted a claim for medial meniscus tear left knee status post revision arthroscopic surgery associated with an industrial injury date of 11/4/2012. Medical records from 2014 were reviewed. The patient complained of intermittent left knee pain aggravated by squatting. He had difficulty in performing stair climbing and lifting. Examination showed three arthroscopic scars at the left knee, normal alignment, minimal tenderness, 135 degrees of flexion, 0 degree of extension, 5/5 muscle strength, stable to varus and valgus stress, and negative for patellar crunch and McMurray tests. Treatment to date has included left knee partial meniscectomy on 4/11/2014, Naprosyn, Vicodin and Arthrotec. The utilization review from 10/8/2014 denied the retrospective request for intermittent limb compression device for 1-30 days starting 4/11/14 because of no evidence of comorbid conditions that would increase the patient's risk for deep venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Intermittent limb compression device for 1-30 days starting 4/11/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Vasopneumatic Devices

Decision rationale: The California MTUS does not specifically address vasopneumatic devices. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling; or for home-use as an option for the treatment of lymphedema after a four-week trial of conservative medical management that includes exercise, elevation and compression garments. In this case, the patient underwent left knee partial meniscectomy on 4/11/2014 hence this retrospective request for a limb compression device. However, there is no evidence of medical comorbidities that may increase the patient's risk for deep venous thrombosis. There is also no mention that conservative measures such as elevation and exercise have been attempted and subsequently failed. The medical necessity cannot be established due to insufficient information. Therefore, the retrospective request for intermittent limb compression device for 1-30 days starting 4/11/14 was not medically necessary.