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| <b>Case Number:</b>   | CM14-0194917 |                              |            |
| <b>Date Assigned:</b> | 12/02/2014   | <b>Date of Injury:</b>       | 03/22/2013 |
| <b>Decision Date:</b> | 01/16/2015   | <b>UR Denial Date:</b>       | 10/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/20/2014 |

### 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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine and is licensed to practice in Pennsylvania. 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 40-year-old gentleman with a date of injury of 03/22/2013. A treating physician note dated 09/02/2014 identified the mechanism of injury as trauma from another person, resulting in lower back pain. Treating physician notes dated 09/02/2014 and 09/29/2014 indicated the worker was experiencing lower back pain and pain in both knees. Documented examinations described decreased motion in the lower back joints, tenderness in the lower back, positive lower back facet loading tests, and a positive McMurray's test on the right. The submitted and reviewed documentation concluded the worker was suffering from an L5-S1 annular tear, multilevel lumbar degenerative disk disease, L4 and L5 facet arthropathy, left knee tear of the posterior horn of the medial meniscus coronary ligament, and a right knee meniscal tear. Treatment recommendations included oral pain medications, lumbar radiofrequency ablation, MRI imaging of the right knee, and follow up care. A Utilization Review decision was rendered on 10/21/2014 recommending non-certification for the rental or purchase of a mechanical compression device with sleeves for the date of service 01/15/2015. A treating physician note dated 11/11/2014 and an Operative Report dated 10/06/2014 were also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS 1/15/14) Usage of a Mechanical Compression Device with sleeves (rental or purchase): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Knee and Leg procedure summary, Compression garments

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Pai M, et al. Prevention of thromboembolic disease in surgical patients. Topic 1339, version 65.0. UpToDate, accessed 01/13/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. Mechanical compression devices can be used in the prevention of blood clots after surgery. Some issues that raise someone's risk for this complication include increased age, prior blood clot, a family history of blood clots, the presence of cancer or obesity, current or recent pregnancy, or a condition that causes blood clots to form. The submitted and reviewed documentation concluded the worker was suffering from an L5-S1 annular tear, multilevel lumbar degenerative disk disease, L4 and L5 facet arthropathy, left knee tear of the posterior horn of the medial meniscus coronary ligament, and a right knee meniscal tear. The reviewed records did not document an individualized risk assessment for blood clots. There was no suggestion the worker had any of the above risks or description of symptoms or signs of a condition that would increase the risk of forming blood clots. In the absence of such evidence, the current request for the rental or purchase of a mechanical compression device with sleeves for the date of service 01/15/2015 is not medically necessary.