

Case Number:	CM14-0198229		
Date Assigned:	12/08/2014	Date of Injury:	09/28/2009
Decision Date:	01/30/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/25/2014

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:

64 year old female claimant with an industrial injury dated 09/28/09. Exam note 11/03/14 states the patient returns with right knee and cervical spine pain. Upon physical exam the patient walks without difficulties or a limp and is able to ascend on to and off of the examination table without problems. Deep tendon reflexes of the quads, Achilles, biceps, triceps, and brachioradialis are 2+ and equal bilaterally. There are no Hoffman's or Babinski's signs noted. There was no evidence of rashes, lesions, or infections throughout the trunk and four extremities. There was no evidence of tenderness surrounding the cervical spine. The patient demonstrated good mobility and muscle function, with no crepitus on turning or twisting of the neck. The patient examination demonstrated a negative Spurling's test. Range of motion of the knee is noted as 0'-135'. There was evidence of medial and lateral joint line tenderness and the patient completed a positive McMurray's test. The Lachman's, Pivot shift, and Posterior Drawer's test are all noted as negative. The patient demonstrated a positive squat test and there was no evidence of ligamentous laxity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: SCD press pneum, half leg: 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

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 section, Compression Garments

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend using of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient there is no documentation of a history of increased risk of DVT or major knee surgery. The exam note from 11/3/14 does not demonstrate any evidence of increased risk of deep vein thrombosis. Therefore medical necessity cannot be established and therefore the requested device is not medically necessary.