

<b>Case Number:</b>	CM14-0200605		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Minnesota. 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:

According to the records made available for review, the injured worker is a 29 year-old male with a date of injury of 08/20/2012. The results of the injury include injury to the left knee. Diagnoses include left knee medial arthrosis, status post left knee arthroscopy with partial medial meniscectomy with chondroplasty; right knee strain-compensatory; and lumbar sprain. Diagnostic studies have included were not made available for this review. Treatments to date have included medications and surgical intervention. Medications have included Percocet. Surgical interventions have included a left knee arthroscopy with partial medial meniscectomy with chondroplasty, performed on 01/21/2013. A progress note from the treating physician, dated 11/12/2014, describes a follow-up evaluation of the injured worker's injury to the bilateral knees. The injured worker reported persistent left knee pain, especially with prolonged standing or walking. Subjective data also include swelling of the left knee with pain rated 9/10 on the analog scale; right knee pain rated 6/10 on the analog scale; and bilateral knee pain is described as aching and stabbing with numbness. Objective data from the treating physician include tenderness in the medial and lateral aspects of the left knee with swelling; and hamstring tenderness. Range of motion on the left is listed to be zero degrees with extension, and 120 degrees with flexion. Strength is listed to be 5/5 with flexion and 5/5 with extension. Work status is documented as modified-duty, performing desk work only. Request is being made for DME: Retrospective request for Pneumatic intermittent compression device purchase (01/21/2013). On 11/13/2014, Utilization Review non-certified a prescription for DME: Retrospective request for Pneumatic intermittent compression device purchase (01/21/2013). Utilization Review non-certified a prescription for DME: Retrospective request for Pneumatic intermittent compression device purchase (01/21/2013) based on this prescription not being appropriate or medically necessary for this diagnosis and clinical findings. The device would only be appropriate during

the period of hospitalization. Utilization Review cited the Official Disability Guidelines: Knee Chapter: DME Venous Thrombosis Device. Application for independent medical review was made on 11/24/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**DME: Retrospective request for Pneumatic intermittent compression device purchase (1/21/13): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Knee Chapter DME Venous Thrombosis device

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section: Knee, Topic: Venous thrombosis.

**Decision rationale:** California MTUS guidelines do not address this issue. ODG guidelines indicate mechanical compression devices are recommended in patients undergoing knee surgery during the hospital stay. The use in the operating room and in the hospital bed while the patient is immobile is appropriate. However, use at home and purchase of the unit is not medically necessary per guidelines. As such, the medical necessity of the request for purchase of a pneumatic intermittent compression device is not established. Therefore the request is not medically necessary.