

Case Number:	CM14-0201513		
Date Assigned:	12/11/2014	Date of Injury:	03/14/2013
Decision Date:	01/28/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	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 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 patient is a 24 yo male who sustained an injury on March 14, 2013. The patient reported left knee pain. The patient reported instability of the knee. On physical examination the patient is documented as having a positive Lachman and positive drawer test in the left knee. Instability is documented on physical examination. The patient had ACL allograft arthroscopic left knee surgery. At issue is whether cold therapy unit rental for 2 weeks postoperatively is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Intermittent Limb Compression Device Rental for left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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: Official Disability Guidelines (ODG); knee chapter.

Decision rationale: ODG guidelines do not recommend the use of the knee and leg compression device after arthroscopic ACL surgery. DVT risk after arthroscopic ACL surgery is relatively low. Guidelines do not recommend the use of pneumatic compression devices after arthroscopic

ACL surgery because the risk of DVT as well. The medical records do not document that this patient has predisposition to deep vein thrombosis. Pneumatic compression devices not medically necessary.