MAXIMUS Federal Services

Case Number:	CM15-0109082		
Date Assigned:	06/15/2015	Date of Injury:	03/18/2015
Decision Date:	07/20/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year old female patient, who sustained an industrial injury on 03/18/2015. The diagnoses have included right patella fracture; and status post open reduction internal fixation right patella fracture, on 03/24/2015. She sustained the injury due to slipping and falling and striking a metal bar with knees. Per the note dated 5/13/2015, she had complaints of right knee pain and takes minimal medications. Per the progress note from the treating physician, dated 04/03/2015, she is ten days status post right knee surgery; no fevers; tolerating a regular diet; the right knee pain is well-controlled; and she is taking two Percocet tabs every day. Objective findings included status post tension band open reduction internal fixation right patella. The medications list includes zofran, percocet and hydrocodone-acetaminophen. She has undergone open reduction internal fixation right patella fracture, on 03/24/2015. Treatment to date has included physical therapy, medications, diagnostics, knee immobilizer, ice, bracing, and surgical intervention. The treatment plan has included beginning partial weight-bearing in knee immobilizer; remove brace when non-weight-bearing and begin gentle range of motion, quad sets, and straight-leg-raising; and may remove dressing and shower. Retrospective request is being made for intraoperative only intermittent limb compression device with purchase of pad (date of service: 03/24/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for intraoperative only intermittent limb compression device with purchase of pad (DOS: 3/24/15): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 05/05/15) Venous thrombosisVasopnematic devices (wound healing).

Decision rationale: Q--Retrospective request for intraoperative only intermittent limb compression device with purchase of pad. Per the cited guidelines, vasopnematic device is recommended as an option to reduce edema after acute injury. As per ODG guidelines, mechanical methods do reduce the risk of deep vein thrombosis [DVT]. Per the records provided patient has undergone open reduction internal fixation right patella fracture, on 03/24/2015. Intraoperative intermittent limb compression device is a medically appropriate option to prevent DVT in lower extremity surgery. The request of Retrospective request for intraoperative only intermittent limb compression device with purchase of pad was medically appropriate and necessary in this patient.