

Case Number:	CM15-0148980		
Date Assigned:	08/12/2015	Date of Injury:	05/08/2014
Decision Date:	09/14/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/31/2015

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 38 year old man sustained an industrial injury on 5-8-2014 after jumping down from a fence. Evaluations include undated right ankle x-rays and left knee MRI and an MR scan of the right ankle dated 12-18-2014. Diagnoses include left knee internal derangement with possible patellar instability or posteriolateral rotatory instability and osteochondral lesion. Treatment has included oral medications and physical therapy. Physician notes dated 1-15-2015 show complaints of left knee and right ankle pain with instability in the left knee. Recommendations include surgical intervention with a Game Ready machine and ice to reduce pain and swelling and increase compression. The patient's surgical history include left knee arthroscopy on 2/3/15 and reconstruction of ligament on 3/20/15. The medication list include Oxycodone. The patient had received an unspecified number of PT visits for this injury Per the note dated 6/2/15 the patient had complaints of pain in left knee Physical examination of the left knee revealed limited range of motion, decreased strength and abnormal gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro auth for mechanical compression device and sleeve for VTE prophylaxis purchase for DOS 03-20-15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Vasopneumatic devices Knee & Leg (updated 07/10/15) Compression garments.

Decision rationale: Retro auth for mechanical compression device and sleeve for VTE prophylaxis purchase for DOS 03-20-1. ACOEM and CA MTUS chronic pain guidelines do not address this request. Therefore ODG was used. Per the cited guidelines Vasopneumatic device is "Recommended as an option to reduce edema after acute injury." As per cited guidelines "There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). The findings of this study do not support routine wearing of elastic compression stockings (ECS) after DVT." Any evidence of edema was not specified in the records provided. The patient's surgical history include left knee arthroscopy on 2/3/15 and reconstruction of ligament on 3/20/15. The details of the presence of risk factors for DVT including prior VTE (venous thromboembolism), or obesity was not specified in the records provided. A contraindication to anticoagulation therapy for DVT prophylaxis was not specified in the records provided. The medical necessity of the request for Retro auth for mechanical compression device and sleeve for VTE prophylaxis purchase for DOS 03-20-15 is not fully established in this patient and is not medically necessary.