

Case Number:	CM15-0162635		
Date Assigned:	08/28/2015	Date of Injury:	09/09/2013
Decision Date:	10/22/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/19/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 43-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 9, 2013. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve a request for a pneumatic compression device rental following a knee meniscectomy surgery. A July 31, 2015 office visit and an associated August 5, 2015 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. In an handwritten progress note dated August 7, 2015, the applicant was placed off of work, on total temporary disability. The applicant had apparently undergone a knee arthroscopic procedure, it was reported. A knee brace was endorsed. Flexeril was prescribed. The applicant was asked to follow up in a week for suture removal. On August 5, 2015, the applicant was again placed off of work, on total temporary disability. The note was handwritten, difficult to follow, and not entirely legible. The applicant had apparently undergone surgery on the same date, it was suggested. Multiple medications were prescribed. In a separate operative report dated August 5, 2015, the applicant underwent a knee arthroscopy, subtotal lateral meniscectomy, chondroplasty and synovectomy. The applicant's past medical history was not detailed. On August 11, 2015, the applicant attended outpatient physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic compression device rental post op right meniscus repair: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 8291.

Decision rationale: No, the request for pneumatic compression device rental following knee meniscus repair procedure was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of DVT prophylaxis following knee arthroscopy surgery, as seemingly transpired here on August 5, 2015. While the Third Edition ACOEM Guidelines Knee Chapter does recommend DVT prophylaxis in applicants who undergo a major knee surgery, such as a knee arthroplasty, knee fracture surgery, and/or any other surgery which results in a prolonged reduction in activity, here, however, the applicant underwent a comparatively minor knee arthroscopy procedure on August 5, 2015. There was no evidence that the applicant was immobilized or non-ambulatory for a lengthy or protracted amount of time. The applicant was attending physical therapy as soon as August 11, 2015, it was suggested above. Medscape and the American College of Chest Physicians (ACCP) further note that applicants undergoing knee arthroscopy who did not have a prior history of DVT do not require any kind of thromboprophylaxis. Here, there was no mention of the applicant's having a history of prior venous thromboembolism on either the operative report of August 5, 2015 and an associated progress note of the same date, or a subsequent note dated August 7, 2015. Therefore, the request was not medically necessary.