

Case Number:	CM15-0193312		
Date Assigned:	10/07/2015	Date of Injury:	01/20/1995
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/02/2015

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: 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 injured worker is a 43 year old male, who sustained an industrial injury on 1-20-95. The documentation on 9-3-15 noted that the injured worker has complaints of left leg and knee pain. The injured worker is requesting a small increase in the nucynta because of the anticipated pain increases resulting from upcoming physical therapy. The documentation noted that the injured worker recently changed physical therapist because he felt the last therapist was "too easy" and he believes in aggressive stretching when rehabbing and post-op knee. The pain is worse with physical activity. The injured worker rates in pain level in the last month without medications a 2 out of 10, the average pain is 2 out of 10 and the worst pain is 7 out of 10. The left knee is in an ace wrap which extends from his mid-thigh down to the midcalf. The diagnoses have included knee pain and pain in joint involving lower leg. Treatment to date has included left knee surgery; physical therapy is noted to be started on 9-4-15; ice; nucynta; lidoderm patch; ibuprofen and cyclobenzaprine. The original utilization review (9-22-15) non-certified the request for retrospective intermittent limb compression device, segmented gradient pressure pneumatic half leg (status post left knee surgery) (date of service 9-3-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Intermittent limb compression device, segmented gradient pressure pneumatic half leg (status post left knee surgery) (DOS 9/3/2015): 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) Knee and Leg Chapter, 7/10/2015, continuous-flow cyrotherapy, venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter/DVT Prophylaxis Section.

Decision rationale: The MTUS guidelines do not address the use of pneumatic compression devices for the prevention of venous thrombosis. The ODG recommends identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures. Mechanical methods do reduce the risk of deep vein thrombosis, but there is no evidence that they reduce the main threat, the risk of pulmonary embolism, fatal pulmonary embolism, or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. In this case, the injured worker had an ACL repair on 8-7-15 but the request for a intermittent limb compression device was not requested until 3 weeks later. The injured worker had a previous knee surgery with no issues that would identify him as a high risk for developing venous thrombosis. Additionally, this form of therapy is generally recommended for 7 days, therefore, the request for retrospective Intermittent limb compression device, segmented gradient pressure pneumatic half leg (status post left knee surgery) (DOS 9/3/2015) is not medically necessary.