

<b>Case Number:</b>	CM15-0200568		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 35 year old female who sustained an industrial injury on July 23, 2013. The worker is being treated for: left knee pain, status post- surgical intervention with residual weakness and stiffness; low back pain, poor sleep hygiene. Subjective: March 24, 2015, lower back pain, and left knee pain. April 08, 2015, states "she has sufficient pain medication." Objective: December 09, 2014, "failing conservative treatment." 08, 2015, post-operative evaluation, status post left knee debridement, lateral release medial retinaculum repair on March 10, 2015. Utilizing two crutches with ambulation along with knee immobilizer and undergoing course of physical therapy. Left knee shows wound well healed, mild swelling, unable to SLR, with full extension and flexion to approximately 80 degrees with hesitation. Medications: March 13, 2015, "medications are effective." April 08, 2015, "continue medications." Diagnostics: MRI, left knee. Treatments: medications, March 10, 2015 left knee surgery, physical therapy, ice therapy, knee immobilizer, crutches. On October 01, 2015 a retrospective request was made for DME intermittent limb compression device segmental gradient pneumatic half leg, right and left for DOS March 10, 2015 that was noncertified by Utilization Review on October 02, 2015.

### 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 segmental gradient pneumatic half leg, right and left with a dos of 3/10/2015: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pai M, et al. Prevention of venous thromboembolic disease in surgical patients. Topic 1339, version 74.0. UpToDate, accessed 12/06/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. Mechanical compression devices can be used in the prevention of blood clots after surgery. Some issues that raise someone's risk for this complication include increased age, prior blood clot, a family history of blood clots, the presence of cancer or obesity, current or recent pregnancy, or a condition that causes blood clots to form. The submitted and reviewed documentation indicated the worker was experiencing knee and lower back pain. Treatment recommendations included surgery for patellofemoral chondromalacia. The reviewed records did not document an individualized risk assessment for blood clots. There was no suggestion the worker had any of the above risks or description of symptoms or signs of a condition that would increase the risk of forming blood clots. In the absence of such evidence, the current request for the unspecified purchase or rental of an intermittent limb compression device with segmental pneumatic gradient capabilities for both lower legs for the date of service 03/10/2015 is not medically necessary.