

Case Number:	CM15-0201195		
Date Assigned:	10/16/2015	Date of Injury:	02/05/2015
Decision Date:	11/30/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/13/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 55 year old male who sustained an industrial injury on 02-05-2015. On 09-03-2015, the injured worker underwent arthroscopy of the left knee, debridement; medial meniscal tear, chondroplasty medial femoral condyle full thick defect. An authorization request dated 09-03-2015 was submitted for review. The requested services included deep vein thrombosis prophylaxis unit with cold and compression 30 day rental and knee wrap for unit, purchase. According to a progress report dated 09-14-2015, subjective complaints included pain rated 4 on a scale of 1-10. Location of pain was not documented. Incisions were clean dry and intact. The provider noted 0-105 degrees. Diagnoses included osteoarthritis knee and medical meniscus tear. The treatment plan included physical therapy. On 10-07-2015, Utilization Review non-certified the request for associated surgical service: deep vein thrombosis (DVT) prophylaxis unit with cold & compression x 30 day rental with knee wrap for unit purchase x 1

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Deep vein thrombosis (DVT) prophylaxis unit with cold & compression x 30 day rental with knee wrap for unit, purchase x 1: 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), <http://www.odg-twc.com/odgtwc/knee.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Compression Garments.

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend to use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient there is no documentation of a history of increased risk of DVT or major knee surgery. There is no evidence of increased risk for DVT based upon the exam note of 9/14/15. Therefore, medical necessity cannot be established and therefore the request is not medically necessary for the requested device.