

<b>Case Number:</b>	CM15-0205658		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	04/14/2014
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: 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 36 year old male, who sustained an industrial injury on 4-14-2014. The injured worker was diagnosed as having status post left knee arthroscopy on 3-09-2015. Treatment to date has included left knee arthroscopy, physical therapy, and medications. On 8-06-2015, the injured worker complains of left knee pain, rated 7 out of 10. Medications included Tramadol, Naproxen, Pantoprazole, and Cyclobenzaprine. Objective findings included tenderness of the left knee, range of motion 0-100 degrees, and decrease in spasm of the calf musculature. The progress reports dated 6-03-2015 and 8-06-2015 did not include a past medical history. On 10-06-2015 Utilization Review non-certified the retrospective request for post-operative equipment to include segmental pneumatic appliance for use with pneumatic compressor and pneumatic compression device for DOS 3-09-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Post-Operative Equipment Segmental Pneumatic Appliance for use with pneumatic Compressor: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

**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. There are options of pharmacological methods that are used post-surgically. In this case, the injured worker had a left knee arthroscopy but there is no indication that he is at an increased risk for DVT or that oral medication or compression stockings are contraindicated. The request for retrospective post-operative equipment segmental pneumatic appliance for use with pneumatic compressor is determined to not be medically necessary.

**Pneumatic compression device for left knee NU DOS: 3/9/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

**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. There are options of pharmacological methods that are used post-surgically. In this case, the injured worker had a left knee arthroscopy but there is no indication that he is at an increased risk for DVT or that oral medication or compression stockings are contraindicated. The request for pneumatic compression device for left knee NU DOS: 3/9/15 is determined to not be medically necessary.