

Case Number:	CM15-0207278		
Date Assigned:	10/27/2015	Date of Injury:	08/13/2014
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/21/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 57-year-old female who sustained an industrial injury on 8-13-2014. A review of medical records indicates the injured worker is being treated for left knee status post arthroscopic total medial meniscectomy, arthroscopic chondroplasty medial femoral condyle, and removal of loose bodies. Medical records dated 6-16-2015 noted she has made excellent progress after her left knee arthroscopic surgery. She has resumed work and was having essentially no pain with her knee. Physical examination noted slight swelling, healed arthroscopic portals, full range of motion, and negative McMurray. Treatment has included surgery, physical therapy, and Tramadol. She reports with medication on board there is improved range of motion and improved tolerance to exercise and a variety of activity. Utilization review form dated 9-25-2015 noncertified intermittent limb compression to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Intermittent limb compression, date of service 05/04/2015:
 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 & Leg Chapter, 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 and Leg section, Compression garments.

Decision rationale: The MTUS Guidelines are silent regarding compression garments and wraps. The ODG, however, states that compression garments or intermittent limb compression devices may be considered for the reduction in risk of developing a deep venous thrombosis and are recommended in certain situations. Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Those at high risk should be considered for anticoagulation therapy in addition to compression. In the case of this worker, she had underwent a left knee meniscectomy (arthroscopic) which was not a high risk surgery for DVT or PE and there was insufficient evidence to suggest the worker would be immobile following surgery to warrant the limb compression device. Therefore, this request for an intermittent limb compression on 5/4/15 will be considered medically unnecessary.