

Case Number:	CM15-0217251		
Date Assigned:	11/09/2015	Date of Injury:	09/02/2014
Decision Date:	12/18/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/04/2015

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: Emergency 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 50 year old male, who sustained an industrial-work injury on 9-2-14. He reported initial complaints of right knee pain. The injured worker was diagnosed as having synovitis and tenosynovitis. Treatment to date has included medication, surgery (arthroscopy on 4-14-15 with 50% relief), 16 sessions of physical therapy (no benefit), and diagnostics. MRI results were reported to demonstrate a torn meniscus to the right knee. Currently, the injured worker complains of worsened intermittent, moderate right knee pain rated 6 out of 10 with return to work on June-July 2015. He is weight bearing as tolerated status. There was also some left knee pain due to overcompensation. Current medication included Norco 5-325 mg and Naproxen 550 mg. He had no history of vascular pathologies. Per the primary physician's orthopedic report (PR-2) on 10-7-15, exam noted no warmth, ecchymosis, scars, joint effusion, or swelling, tenderness with anteromedial palpation, no crepitus or ligament laxity. Current plan of care includes diagnostics and acupuncture. The Request for Authorization requested service to include DVT (deep vein thrombosis) intermittent pneumatic compression device, used during surgery and immediately post op, (retrospective DOS 04/14/15). The Utilization Review on 10-29-15 denied the request for DVT (deep vein thrombosis) intermittent pneumatic compression device, used during surgery and immediately post op, (retrospective DOS 04/14/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT (deep vein thrombosis) intermittent pneumatic compression device, used during surgery and immediately post op, (retrospective DOS 04/14/15): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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 and Leg>, <Venous Thrombosis>.

Decision rationale: MTUS Chronic pain or ACOEM Guidelines do not have any adequate information concerning this topic. Official Disability Guidelines (ODG) states that patient at high risk of venous thrombosis should be identified and prophylactic measures should be considered. Primary recommendation includes use of anticoagulants or aspirin. Mechanical compression and compression garments may be beneficial. ODG recommends up to 7-10days of post surgical prophylaxis is ideal and may be extended up to 28days in high risk patients. Patient underwent arthroscopic knee surgery on 4/14/15. Request is for pneumatic compression device during and up to a day after surgery only. Use of device for only a day post-operatively is medically necessary.