MAXIMUS Federal Services

Case Number:	CM15-0032321		
Date Assigned:	02/25/2015	Date of Injury:	02/07/2014
Decision Date:	04/22/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/20/2015

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: 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 (IW) is a 48-year-old male who sustained an industrial injury on 02/07/2014 when a forklift hit him and then ran over his foot. He has reported knee pain. Diagnoses include medial collateral ligament (MCL) rupture, osteoarthritis, medial and lateral meniscus tear, plica syndrome, status post MCL repair with Achilles allograft, medial and lateral partial meniscetomy, chondroplasty of the medial femoral condyle and patellofemoral compartment and plica excision. Treatment to date include surgical repair of the MCL rupture, follow up postoperatively and six physical therapy sessions. Norco was given postoperatively for pain. The worker was found to have mild thrombocytopenia and was positive for von Willebrands factor. On 09/16/2014 an ultrasound was done of the right lower extremity to rule out DVT (deep vein thrombosis) due to tightness in the right lower extremity. A progress notes from the treating provider dated 01/21/2015indicates the injured worker had surgery on 12/05/2014. Range of motion and strength exercise with home exercise instruction was given 12/11/2014. He was examined in a post-op follow-up on 01/21/2015 and found to be progressing with healing. A hinged right knee brace was ordered and he was given a work status of modified duty with no lifting, climbing or squatting. On 02/06/2015 Utilization Review non-certified a request for DVT compression sleeves. Official Disability Guidelines Treatment in Workers' Compensation, Integrated Treatment/Disability Duration Guidelines, Knee and Leg chapter, Compression Garments.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT compression sleeves: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Integrated Treatment/Disability Duration Guidelines, Knee and Leg chapter, Compression Garments.

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 chapter, compression garments.

Decision rationale: According to guidelines compression stocking are sued for edema of the lower extremities. According to guidelines the patient has tightness. There is no indication for the usage of compression sticking and thus not medically necessary.