

Case Number:	CM15-0038727		
Date Assigned:	03/09/2015	Date of Injury:	04/16/2014
Decision Date:	04/17/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old female, who sustained an industrial injury on 4/16/2014. She reported falling and injuring her left knee, left hip and left wrist and lightly bumping her head. The diagnoses include left knee lateral collateral ligament sprain and tear of medial meniscus left knee. Treatment to date has included physical therapy and anti-inflammatory medication. Currently, the injured worker complains of left wrist pain occasionally and left knee pain. She stated that left knee pain was primarily over the lateral aspect. She noted swelling of the left knee. Physical exam revealed an antalgic gait with a slight limp present on the left. There was medial and lateral joint line tenderness of the left knee. X-rays of the left knee were obtained in the office on 12/4/2014 and showed mild medial joint space narrowing. Authorization was requested for left knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TED hose compressions stockings: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Compression garments and Venous thrombosis.

Decision rationale: The patient presents with cervical spine and left wrist, hip, and knee pain. The current request is for TED hose compressions stockings. The treating physician report dated 12/4/14 states, "She states that pain is primarily over the lateral aspect. She explains that with her prior left knee injury, pain was primarily over the medial aspect. She notes swelling of the left knee. She notes increased pain with ascending and descending stairs, inclines, and declines". The physician goes on to state, "I am formally requesting authorization for the following: 1. Left knee Arthroscopy, partial medial meniscectomy and chondroplasty. 2. Preoperative medical clearance. 3. Postoperative physical therapy. 4. Cold therapy device and crutches for the immediate postoperative period." The RFA dated 1/23/15 states, "Gradient Ted Hose Compression Stockings and Pneumatic Compressor. The UR report dated 2/3/15 denied the requests for the compressor and stockings based on the ODG guidelines stating that the patient was not a high risk DVT patient. "The ODG guidelines with regards to compression garments state, "Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied". In this case, the UR report indicates that the patient was authorized for surgery to occur on 2/20/15. The current request is supported by the ODG guidelines. The request is medically necessary and the recommendation is for authorization.

Pneumatic compressor: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Compression garments and Venous thrombosis.

Decision rationale: The patient presents with cervical spine and left wrist, hip, and knee pain. The current request is for Pneumatic compressor. The treating physician report dated 12/4/14 states, "She states that pain is primarily over the lateral aspect. She explains that with her prior left knee injury, pain was primarily over the medial aspect. She notes swelling of the left knee. She notes increased pain with ascending and descending stairs, inclines, and declines." The physician goes on to state, "I am formally requesting authorization for the following: 1. Left knee Arthroscopy, partial medial meniscectomy and chondroplasty. 2. Preoperative medical clearance. 3. Postoperative physical therapy. 4. Cold therapy device and crutches for the immediate postoperative period". The RFA dated 1/23/15 states, "Gradient Ted Hose Compression Stockings and Pneumatic Compressor." The UR report dated 2/3/15 denied the requests for the compressor and stockings based on the ODG guidelines stating that the patient was not a high risk DVT patient. "The ODG guidelines with regards to compression garments state, "Recommended. Good evidence for the use of compression is available, but little is known about

dosimetry in compression, for how long and at what level compression should be applied." In this case, the UR report indicates that the patient was authorized for surgery to occur on 2/20/15. The current request is supported by the ODG guidelines. The request for the pneumatic compressor is medically necessary and the recommendation is for authorization.