MAXIMUS Federal Services

| Case Number: | CM15-0040406 | | |
|---|---|---|---|
| Date Assigned: | 03/10/2015 | Date of Injury: | 07/02/2012 |
| Decision Date: | 04/21/2015 | UR Denial Date: | 02/10/2015 |
| Priority: | Standard | Application Received: | 03/03/2015 |

## 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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

## 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 62-year-old male, who sustained an industrial injury on July 2, 2012. He reported neck, left shoulder, low back, right knee, and left foot injuries. The injured worker was diagnosed as having persistent symptomatic medial meniscus tear, loose body with mechanical symptoms of the right knee. He was status post right knee arthroscopic meniscectomy in 2013. Treatment to date has included x-rays, physical therapy, home exercise program, acupuncture, work modifications, oral and topical pain medications, non-steroidal anti-inflammatory medication, and an intra-articular steroid injection. On September 17, 2014, an MRI of the right knee was performed. On October 21, 2014, a complete kinematic MRI of the knee was performed. On November 26, 2014, the injured worker complains of right knee pain, swelling, locking, and catching in the right medial joint line of the knee. The physical exam revealed he walks with a slight right lower extremity antalgic gait. There was no deformity, spasm, mal-alignment, swelling, ecchymosis or atrophy of the knee. There was mild quadriceps atrophy, mildly decreased knee flexion, no instability, mild crepitation, positive medial and lateral McMurray's test, mild decreased strength of the quadriceps, normal sensation and reflexes, and a normal vascular exam. The treatment plan includes a right knee arthroscopic meniscectomy, loose body removal and debridement.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT Max:** 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).

**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, deep venous thrombosis.

**Decision rationale:** The official disability guidelines recommend the usage of mechanical DVT compression devices for individuals who are at higher than a normal risk for developing a deep venous thrombosis. However, the attached medical record does not indicate that the injured employee has any additional risk for this complication. There is also no documentation that the injured employee will not be ambulatory after this procedure. As such, this request for the use of a DVT Max is not medically necessary.

**Pneumatic compression wraps:** 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).

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, deep venous thrombosis.

**Decision rationale:** The official disability guidelines recommend the usage of mechanical DVT compression devices for individuals who are at higher than a normal risk for developing a deep venous thrombosis. However, the attached medical record does not indicate that the injured employee has any additional risk for this complication. There is also no documentation that the injured employee will not be ambulatory after this procedure. As such, this request for the use of pneumatic compression wraps is not medically necessary.