

Case Number:	CM15-0042234		
Date Assigned:	03/12/2015	Date of Injury:	11/28/2012
Decision Date:	04/24/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/05/2015

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: Orthopedic Surgery

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 59-year-old female, who sustained an industrial injury on 11/28/12. She reported complaints of left foot pain symptoms. Currently, the injured worker is scheduled to undergo a second left knee arthroscopic surgery for a recurrent meniscal tears. Exam note 1/7/15 demonstrates complaints of slight to moderate left knee pain with swelling and catching. Request is made for left knee arthroscopy with meniscal debridement. The injured worker was diagnosed as having left knee meniscal tear and chondromalacia; left foot sprain/strain with partial tear of the cuneocuboid ligament; painful gait. Treatment to date has included MRI left knee (2/7/14 and 1/24/13); status post left knee arthroscopy with residuals (2013); physical therapy; rehabilitation program; medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a DVT max and pneumatic compression wraps for home use after knee surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg section, Compression Garments.

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend to use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient, there is no documentation of a history of increased risk of DVT or major knee surgery. There is no evidence of increased risk for DVT based upon the exam note of 1/7/15. Therefore medical necessity cannot be established and therefore the determinations for non-certification for the requested device.