

<b>Case Number:</b>	CM15-0056698		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	03/23/2012
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: North Carolina  
 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 is a 57 year old male, who sustained an industrial injury on 3/23/12. He reported bilateral knee pain. The injured worker was diagnosed as having left quadriceps rupture, chondromalacia, meniscal pathology, and arthritis with residual weakness. Right knee chondromalacia, right knee possible meniscal pathology, and chronic lumbar sprain were also noted. Treatment to date has included right knee arthroscopic surgery on 12/4/14, left knee quadriceps repair and revision on 10/22/13 and 4/10/12, physical therapy, and a home exercise program. A MRI performed on 3/26/14 revealed a laterally subluxing patella with extensive chondromalacia greatest in the lateral patellofemoral joint with large joint effusion. No meniscal or ligamentous tear was identified. Currently, the injured worker complains of bilateral knee pain. The treating physician requested authorization for retrospective deep vein thrombosis intermittent limb compression device and retrospective compression sleeves x2 for the date of service 12/4/14. The injured worker underwent right knee arthroscopic surgery on 12/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: DVT Intermittent Limb Compression Device (DOS 12/04/14):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee-Leg chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, DVT prevention.

**Decision rationale:** The California MTUS and ACOEM do not specifically address the requested service. The ODG recommends DVT prophylactic treatment and monitoring especially in patients who have undergone surgeries that would place them at high risk for DVT due to immobilization. This patient has undergone knee arthroplasty which would meet criteria as cited above and thus the request is medically necessary.

**Retrospective: Compression Sleeves time 2 (DOS 12/04/14):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Knee and Leg chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, DVT prevention.

**Decision rationale:** The California MTUS and ACOEM do not specifically address the requested service. The ODG recommends DVT prophylactic treatment and monitoring especially in patients who have undergone surgeries that would place them at high risk for DVT due to immobilization. This patient has undergone knee arthroplasty which would meet criteria as cited above and thus the request is medically necessary.