

Case Number:	CM15-0058213		
Date Assigned:	04/03/2015	Date of Injury:	05/02/2013
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/26/2015

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: Emergency Medicine

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 50 year old, female who sustained a work related injury on 5/2/13. The diagnoses have included internal derangement of left knee and knee pain. Treatments have included left knee surgery, an MRI of left knee, home exercises, physical therapy, acupuncture treatments and medications. In the Orthopedic office visit note dated 10/27/14, the injured worker complains of pain and difficulty with left knee. She complains of left knee giving way and buckling. She has failed all conservative care treatments. The treatment plan is to proceed with surgery on left knee. The requested treatment of a segmental pneumatic appliance was not specifically listed in the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Durable Medical Equipment (DME): purchase Segmental Pneumatic appliance (date of service 10/31/14): 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) Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Venous thrombosis.

Decision rationale: The requested Retrospective: Durable Medical Equipment (DME): purchase Segmental Pneumatic appliance (date of service 10/31/14), is medically necessary. CA MTUS is silent. Official Disability Guidelines, Knee & Leg (Acute & Chronic), Venous thrombosis, note ""Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." The injured worker has pain and difficulty with left knee. She complains of left knee giving way and buckling. She has failed all conservative care treatments. The treatment plan is to proceed with surgery on left knee. Even though the provider does not note significant co-morbid DVT risk factors, the injured worker is expected to be non-ambulatory after surgery for an extended enough time to establish the medical necessity for this mechanical DVT prevention item. The criteria noted above having been met, Retrospective: Durable Medical Equipment (DME): purchase Segmental Pneumatic appliance (date of service 10/31/14) is medically necessary.