

Case Number:	CM15-0085848		
Date Assigned:	05/07/2015	Date of Injury:	08/08/2013
Decision Date:	06/09/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/04/2015

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: 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 52-year-old male, with a reported date of injury of 08/08/2013. The diagnoses include lower leg joint pain, sprain of medial collateral ligament of knee, tear of medial cartilage or meniscus of knee, lower leg joint derangement, left knee meniscus tear, patellofemoral disease, and posterolateral corner disease, and lower leg effusion of joint. Treatments to date have included physical therapy, oral medication (Norco), an MRI of the right knee, which showed mild multifocal chondromalacia and moderate sized joint effusion, x-rays of the right knee which showed 1+ medial space narrowing, left knee arthroscopy, and home exercise program. The medical report dated 03/23/2015 indicates that the injured worker presented for a post-operative visit for the right knee. He reported swelling after increased walking, and the pain is lateral. The physical examination of the right knee showed portal scars, mild effusion, mild crepitus, and decreased range of motion. The treating physician requested intermittent limb compression device and venaflow calf cuff (date of service: 11/14/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for DOS 11/14/14 intermittent limb compression device and venaflow calf cuff: 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 Chapter, page 292.

Decision rationale: During the weeks following surgery, mobility is an issue, making the limb compression unit necessary in preventing any risk of DVT developing while being immobile for multiple hours at a time. The device provides compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. Treatment plan include knee surgery. The provider has requested for this compression unit for unknown duration; however, has not submitted reports of any risk for deep venous thrombosis resulting from required non-ambulation, immobility, obesity or smoking factors. Rehabilitation to include mobility and exercise are recommended post-surgical procedures as a functional restoration approach recommended by the guidelines. MTUS Guidelines is silent on specific use of compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit post-surgery; however, limits the use for 7-day post-operative period, as efficacy has not been proven after. The Retrospective request for DOS 11/14/14 intermittent limb compression device and venaflo calf cuff is not medically necessary and appropriate.