

<b>Case Number:</b>	CM15-0087650		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	12/23/2013
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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, Pain Management, Occupational 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 (IW) is a 35-year-old male who sustained an industrial injury to the right knee on 12/23/2013 when struck by a forklift. Diagnoses include right knee bucket handle tear and tear of the medial meniscus status post right knee arthroscopic partial medial and lateral meniscectomy and anterior cruciate ligament (ACL) reconstruction. An MRI of the right knee on 1/29/15 showed post-operative changes compatible with ACL repair and moderate edema surrounding the distal screw with moderate joint effusion; an x-ray of the right knee on the same date showed tricompartmental osteoarthritis. According to the operative note dated 12/11/14, the IW underwent arthroscopic right knee surgery for partial meniscectomy and ACL reconstruction. The progress notes dated 2/25/15 stated the IW had post-operative right knee pain rated 7/10. He was involved with post-operative physical therapy. There was no documentation of risk factors of blood clots/clotting problems for this IW. A retrospective request was made for intermittent pneumatic compression device/anti-embolism unit with inflatable boot garments, date of service 02/26/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Intermittent Pneumatic Compression Device/Anti-Embolism Unit with Inflatable Boot Garments (DOS: 2.26.15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Venous Thrombosis.

**Decision rationale:** ODG recommends DVT prophylaxis up to 28 days after major surgeries such as hip or knee replacements. The patient had major knee surgery. Immobilization and non-weight bearing place individuals at risk for deep vein thrombosis. The compression device is requested more than 28 days after the surgery and the patient is weight bearing on the leg. The risk of deep vein thrombosis is not explained in the medical records. The patient is weight bearing which provides compression of the veins in the leg by muscular contraction. The compression of the veins by walking prevents pooling of the blood and prevents clots. This request for a pneumatic sequential compression device does not adhere to ODG and is not medically necessary.