

Case Number:	CM13-0008942		
Date Assigned:	03/07/2014	Date of Injury:	10/19/2012
Decision Date:	04/15/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/08/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient reported a date of injury of 10/19/12. The patient works at the [REDACTED] and injured himself in an altercation with an inmate. He suffered multiple injuries, including injury to the knee. MRI was ordered and done on 12/03/12. This showed a mild MCL sprain and a fluid density adjacent to the free margin of the anterior horn of the medial meniscus. The patient was referred to orthopedics who saw him on 4/09/13. The specialist recommended further conservative care, as it did not appear the meniscus was completely torn. Unfortunately, the patient did not improve with additional conservative care, and surgery was certified in Utilization Review. Surgery was done on 7/19/13. Excision of medial parapatellar synovial plica was done. Request was made for a post-op pneumatic intermittent compression device for the right knee. This was submitted to Utilization Review on 7/26/13 and denied. The rationale was that there was no clear indication for mechanical DVT prophylaxis with this device versus use of compression stockings.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PNEUMATIC INTERMITTENT COMPRESSION DEVICE, RIGHT KNEE
QTY: 1.00: 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), Ankle, Knee, Venous thrombosis.

Decision rationale: The CA MTUS and ACOEM Guidelines are silent with regards to mechanical DVT prophylaxis. ODG references the AAOS, which recommends mechanical prophylaxis is used for patients in the recovery room and through the hospital stay up the time of discharge. There are no clinical details in this case that give reasonable justification for continued use of mechanical DVT prophylaxis on discharge to home for outpatient use. Medical necessity for post-op pneumatic intermittent compression device following discharge to home after surgery is not established.