

<b>Case Number:</b>	CM14-0122254		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/02/2005
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management 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 is a patient with a date of injury of 7/2/05. A utilization review determination dated 7/18/14 recommends non-certification of a pneumatic intermittent compression device. 2/4/14 medical report identifies that the patient underwent arthroscopic partial medial and lateral meniscectomy and chondroplasty of patella and tibiofemoral compartment on 9/25/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pneumatic Intermittent Compression Device, left knee 1-30 days, retro 9/25/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377. 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 Knee Chapter, Venous thrombosis

**Decision rationale:** Regarding the request for Pneumatic Intermittent Compression Device, CA MTUS does not address the issue. ODG does recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, typically in the form of anticoagulation therapy. There is some support for intermittent pneumatic compression for patients undergoing total knee replacement for patients with a high risk of bleeding, but when

high bleeding risk decreases, it is recommended that pharmacologic thromboprophylaxis be substituted for or added to the mechanical thromboprophylaxis. Within the documentation available for review, the patient underwent an arthroscopy rather than a higher-risk procedure such as total knee replacement, and there is no indication of a bleeding risk or another clear indication for intermittent pneumatic compression. In the absence of such documentation, the currently requested Pneumatic Intermittent Compression Device is not medically necessary.