

Case Number:	CM14-0216323		
Date Assigned:	01/06/2015	Date of Injury:	05/06/2011
Decision Date:	03/12/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: Orthopedic Surgery

CLINICAL CASE SUMMARY

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

Claimant with reported industrial injury of May 6, 2011. Exam note from 4/3/14 demonstrates range of motion from 0-140 degrees with medial and lateral joint line tenderness. No evidence in the past medical history of risk for deep vein thrombosis. Patient is status post right knee arthroscopy with diagnostic and operative partial medial and partial lateral meniscectomy performed on June 13, 2014. Letter of medical necessity from June 9, 2014 demonstrates that knee arthroscopic meniscectomy is performed and that the patient has a higher risk of developing deep vein thrombosis due to the type of surgery performed with other risk factors which are unspecified. Report is of moderate risk in this patient per physician report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Post-Operative DME Dispensed 08/13/2014: Intermittent Limb Compression Device Date of Service DOS 06/13/2014 time 1 Right: 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 Knee and Leg, Compression Garments

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend to use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient there is no documentation of a history of increased risk of DVT from the exam note of 4/3/14. The patient underwent a routine knee arthroscopy on 6/13/14.. Therefore medical necessity cannot be established and therefore the determinations for non-certification for the requested device.

Retrospective Post-Operative DME Dispensed 08/13/2014: Mobi Ultra Crutch with Spring times 2 Right & Left: 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 Knee Chapter, Walking Aids

Decision rationale: The CA MTUS/ACOEM guidelines are silent regarding crutches. According to the ODG knee chapter, walking aids, "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which can use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals." In this case there is lack of functional deficits noted in the appeal letter of 6/9/14 to warrant crutches. Therefore the determination is for non-certification.