

<b>Case Number:</b>	CM14-0050285		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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:

56 year old male with reported industrial injury of 9/27/13. Patient is status post right knee arthroscopy with medial meniscectomy and chondroplasty performed on 2/1/14. Exam note 12/10/13 demonstrates complaints of pain in the low back and left lower lumbar area. Past medical history does not reflect a risk factor for deep vein thrombosis. Request is made for Vascutherm and Pneumatic compression device for 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Day Rental of Daily Vascutherm x 30 days and Pneumatic Compression-Half Leg:**  
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), Knee - Venous Prophylaxis and Compressive Devices, [www.aaos.org](http://www.aaos.org)

**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 or major knee surgery from the exam note of 12/10/13 or operative report from 2/1/14. The patient underwent a routine knee arthroscopy. Therefore medical necessity cannot be established and therefore the determinations for non-certification for the requested device.