Case Number:	CM15-0018325		
Date Assigned:	02/06/2015	**Date of Injury:**	02/01/1999
Decision Date:	03/25/2015	**UR Denial Date:**	01/21/2015
Priority:	Standard	**Application Received:**	01/30/2015

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: Preventive Medicine, 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 is a 59 year old male, who sustained an industrial injury on 2/1/1999. The treating provider reported the injured worker continues to complain of low back pain that radiates into the lower extremities and into the feet with numbness and tingling. The injured worker uses two canes for ambulation and is status post left total knee arthroplasty (29 Jul 2014) afterwhich use of a compression unit with knee wrap was begun. Anti-coagulation medication was also begun after the surgery but has since been stopped. The diagnoses have included failed left total knee arthroplasty, left knee arthrofibrosis and contracture. Treatment to date has included physical therapy, MRI lumbar spine (12/26/14), femoral-above-knee popliteal bypass left (2009), and multiple left knee surgeries. The injured worker is scheduled for a revision of a failed left total knee arthroplasty in February 2015. On 1/21/15 Utilization Review non-certified a Compression unit with knee wrap extended 9/30/14-10/20/14. The ODG Guidelines were cited. On 1/30/15, the injured worker submitted an application for IMR for review of compression unit with knee wrap extended 9/30/14-10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compression unit with knee wrap extended 9/30/14-10/20/14: 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 and Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines Page(s): 10-12. Decision based on Non-MTUS Citation American College of Chest Physicians Evidence-Based Clinical Practice Guidelines, Prevention of DVT in Orthopedic Surgery Patients: Antithrombotic Therapy and Prevention Of Thrombosis, 9th edition.

Decision rationale: Intermittent compression therapy for prevention of deep vein thrombosis (DVT) is a therapeutic technique using intermittent compression devices that give sequential compression of the lower legs in a milking action. It is indicated for use during surgery, in the immediate post surgical period and when the patient is at significant risk for developing a DVT. Commonly it is used in combination with anticoagulant medication. The request for use of this device in this patient is not in the immediate post-op period nor is there evidence that the patient presently is at high risk for developing a DVT. There is no documented reason showing medical necessity for use of this device at this point in the patient's therapy. Medical necessity for use of this device has not been established.