MAXIMUS Federal Services

Case Number:	CM15-0111037		
Date Assigned:	06/17/2015	Date of Injury:	08/18/2013
Decision Date:	07/16/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/09/2015

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 44 year old male, who sustained an industrial injury on 8/18/13. The diagnoses have included left lateral meniscus tear, chondromalacia of the patella, and status post left knee arthroscopy with possible partial lateral meniscectomy on 5/7/15 Treatment to date has included medications, activity modifications, off work, orthopedic consults, diagnostics, knee immobilizer, injections, surgery and post-operative physical therapy. Currently, as per the physician progress note dated 4/27/15, the injured worker complains of left knee pain rated 6/10 on pain scale with tightness and increased pain at night. He reports that the knee continues with pain despite two rounds of physical therapy, daily anti-inflammatories, activity modification, cortisone injections, and narcotic analgesics. The physical exam of the left knee reveals pain with motion, tenderness to the lateral joint line, mild swelling, and positive patellofemoral joint crepitus. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left knee dated 11/20/14 reveals post-surgical changes of a prior partial medial meniscectomy and mild degeneration within the posterior horn of the medial meniscus, moderate red marrow reconversion throughout the distal femur, moderate loss of articular cartilage within the medial compartment and the patellofemoral joint, subtle synovitis and Baker cyst. The current medications included Tramadol. The physician requested treatments included Intermittent Therapy Limb Compression Device w/ deep vein thrombosis prevention (rental) x 28 days and Knee Wrap for unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent Therapy Limb Compression Device w/ DVT Prevention (rental) x 28 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin: Intermittent Pneumatic Compression devices for the legs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Venous Thrombosis.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and do not support the routine use of compression devices or oral anticoagulation unless specific inherent risk factors are present and the surgery is at high risk for thrombosis (i.e. joint replacement). No risk factors are documented for this individual and it is generally recommended that activities resume soon after arthroscopic surgery. The form letter for the requested DME does not provide any specific about this individual that would support the request and be consistent with Guidelines. The Intermittent Therapy Limb Compression Device w/ DVT Prevention (rental) x 28 days is not supported by Guidelines and is not medically necessary.

Knee Wrap for unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Venous Thrombosis.

Decision rationale: MTUS Guidelines do not address this issue. This is addressed by ODG Guidelines and the medical necessity of a compression unit has not been demonstrated per Guideline standards. The request for a Knee Wrap for the compression unit is only utilized for the compression unit and would not be utilized independently. The compression unit is not medically necessary, which leads to the direct conclusion that the Knee Wrap for unit is not medically necessary.