

Case Number:	CM15-0111345		
Date Assigned:	06/17/2015	Date of Injury:	11/05/2013
Decision Date:	07/16/2015	UR Denial Date:	05/06/2015
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: Emergency 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 40 year old female, who sustained an industrial injury on 11/5/2013. The mechanism of injury occurred while walking to work. The injured worker was diagnosed as having left knee maltracking patella. Left knee magnetic resonance imaging showed lateral patellar subluxation. Treatment to date has included physical therapy, bracing and medication management. In a progress note dated 5/1/2015, the injured worker reports 2 days post-operative arthroscopy pain that was tolerable with medications. Physical examination showed mild swelling of the left knee with no signs of infection. The treating physician is requesting pneumatic compression device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic Int. Compression Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee & Leg, Acute & Chronic, Pneumatic Compression Device.

Decision rationale: The requested Pneumatic Int. Compression Device is not medically necessary. CA MTUS is silent. Official Disability Guidelines; Knee & Leg, Acute & Chronic, Pneumatic compression device, note: "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis". The treating physician has documented 2 days post-operative arthroscopy pain that was tolerable with medications. Physical examination showed mild swelling of the left knee with no signs of infection. The treating physician has not documented the length of time the injured worker will be non-ambulatory nor risk factors for DVT. The criteria noted above not having been met, Pneumatic Int. Compression Device is not medically necessary.