

<b>Case Number:</b>	CM15-0112370		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	01/10/2015
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Minnesota, Florida  
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:

The injured worker is a 24 year old female who sustained an industrial injury on 1/10/15 from a slip and fall injuring her knee and lower back. She experienced immediate significant right knee and low back pain. She was medically evaluated and had an MRI of the right knee and back which showed abnormalities and she was referred to orthopedic surgeon. She currently complains of right knee pain and back pain with associated numbness that radiates down the buttocks and thigh on the right side. Her pain level is 8/10. She ambulates with a limp because of severe right knee pain and uses a cane for support. Physical exam of the lumbar spine shows moderate guarding in the lower lumbar spine; right knee exam shows swelling and medial and lateral joint line tenderness and decreased range of motion. Medication is naproxen. Diagnoses include right knee pain; low back pain; right lower extremity weakness; rule out lumbar instability; lumbar sprain/ strain. Treatments to date include medication; physical therapy was recommended but no report of the injured worker receiving therapy. Diagnostics were x-rays of right knee which were normal; MRI of the right knee (2/18/15) showing mild chondromalacia of the lateral patella, synovitis and ganglion cyst. On 6/2/15 Utilization Review evaluated a request for pneumatic intermittent compression device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pneumatic intermittent compression device: 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 ODG: Section: Knee, Topic: Venous thrombosis.

**Decision rationale:** The injured worker is a 23-year-old female with a date of injury of 1/10/2015. The injury was to the right knee and the lower back. An MRI scan of the right knee dated 2/18/2015 revealed no tear of the medial meniscus. Medial compartment articular surfaces were preserved. There was no tear of the lateral meniscus. Lateral compartment articular surfaces were preserved. Cruciate and collateral ligaments were intact. There was a 1.5 cm wide x 1.2 cm AP lobulated septated ganglion cyst and synovitis anterior to the lateral meniscus. Extensor mechanism of the knee was intact. There was mild chondral softening of the lateral patellar facet. No focal chondral defect or subchondral bone marrow edema was appreciated. The impression was mild chondromalacia of the lateral patellar facet and ganglion cyst and synovitis anterior to the lateral meniscus. She underwent arthroscopy of the right knee on 5/22/2015. The disputed request pertains to postoperative use of a pneumatic intermittent compression device. The request does not specify the duration of use. ODG guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. The progress notes dated 5/26/2015 indicate that she was 4 days post right knee arthroscopy. The calf was soft and non-tender. Homans was negative. The prior progress notes do not document any history of DVT in the past. As such, there was no evidence of high risk for deep vein thrombosis. ODG guidelines also indicate that according to a new study aspirin may be the most effective choice to prevent pulmonary embolism and venous thromboembolism in patients undergoing orthopedic surgery. Although mechanical methods do reduce the risk of deep vein thrombosis, there is no evidence that they reduce the main threat, the risk of pulmonary embolism, fatal PE or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. In the absence of documentation of high risk for deep vein thrombosis, the request for intermittent pneumatic compression is not supported. Furthermore, the duration of use is not specified. As such, the request is not medically necessary.