

Case Number:	CM15-0128250		
Date Assigned:	07/15/2015	Date of Injury:	07/28/2014
Decision Date:	08/12/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/03/2015

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 54-year-old male, who sustained an industrial injury on 7/28/14. He reported twisting his right knee. The injured worker was diagnosed as having a right medial meniscus tear. Treatment to date has included right partial medial and lateral meniscectomy and chondroplasty of the medial tibial plateau and medial femoral condyle on 6/10/15. Other treatment included physical therapy and medication. Currently, the injured worker complains of right knee pain, swelling, and stiffness. The treating physician requested authorization for a 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 Qty 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & leg chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Venous thrombosis.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, risk for venous thrombosis prophylaxis should be assessed and prophylaxis should be initiated if high risk. Intermittent limb compression device decreases risk for DVTs but not pulmonary embolisms. There is no documentation if patient was placed on aspirin or any other anticoagulants or if there is any contraindication for other forms of DVT prophylaxis. Patients at risk should get up to 7-10 days of prophylaxis and those undergoing major surgery may be considered for up to 28days or longer. Since the provider has failed to provide any rationale for request or to properly document risk assessment for DVT, the request for pneumatic compression device is not medically necessary.