

Case Number:	CM15-0177926		
Date Assigned:	09/18/2015	Date of Injury:	09/13/2014
Decision Date:	10/21/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 50 year old female who sustained an industrial injury on 09-13-2014. According to a progress report dated 07-23-2015, subjective complaints included moderate, constant, dull, sharp, cramping, burning, weakness, ache and soreness. Examination of the left knee revealed tenderness to palpation over the medial and lateral joint lines and peripatellar region. McMurray's test was positive. Grind test was positive. Patellofemoral compression test was positive. Range of motion of the left knee demonstrated 67 degrees in flexion and 0 degrees in extension. The injured worker ambulated with a limp favoring the right lower extremity. She ambulated with a left BioniCare and a single point cane. Diagnoses included left knee sprain strain with anterior horn lateral meniscal tear, chondromalacia at the medial femoral condyle per MRI dated 10-01-2014. The treatment plan included "awaiting independent medical review response for the denial of left knee arthroscopy and follow up in five to six weeks. The injured worker was temporarily totally disabled for four to six weeks. An authorization request dated 08-31-2015 was submitted for review. The requested services included post-operative transportation to appointments and post-operative DVT (deep vein thrombosis) compression home unit with bilateral calf sleeve (30 day rental). According to a letter from the provider dated 08-31-2015, the injured worker was scheduled to undergo arthroscopic left knee medial meniscectomy, manipulation under anesthesia, lateral retinacular release surgery on 09-02-2015. The provider noted that the injured worker would have decreased ability and duration of ambulation following surgery, which would significantly increase the risk factors associated with deep vein thrombosis, pulmonary embolism. Deep vein thrombosis prophylaxis with use a pneumatic compression device and necessary supplies were being prescribed. On 09-04-2015, Utilization Review non-certified the request for DVT compression home unit with bilateral calf sleeve 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT compression home unit with bilateral calf sleeve 30 days: 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 and leg, venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) DVT prevention, lower extremity.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that DVT prevention is indicated in patients with lower extremity injury or surgery depending on the patient's risk factors. The preferred method is pharmacologic prevention. The patient has no contraindications to pharmacologic prevention and therefore the request is not medically necessary.