

Case Number:	CM15-0065335		
Date Assigned:	04/13/2015	Date of Injury:	04/16/2014
Decision Date:	05/12/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36 year old male, who sustained an industrial injury on April 16, 2014. He reported the whole right side of his body hurt. The injured worker was diagnosed as having internal derangement of the right knee - rule out meniscus tear and right knee fractures. Treatment to date has included x-rays, work modifications, right knee injection, physical therapy, and medication. On March 18, 2015, the injured worker complains of right knee popping and occasional locking of the right knee that is worsened by prolonged walking and standing. He reported a slight improvement in pain after a right knee injection two weeks prior. He reports functional improvement and pain improvement with his current non-steroidal anti-inflammatory medication. His pain is rated 5 out of 10 with medication and 8 out of 10 without medication on a visual analogue scale. The physical exam revealed medial and lateral joint line tenderness of the right knee, normal range of motion with crepitus, and a positive McMurray's test for a medial meniscus tear. The treatment plan includes a request for a pneumatic compression device to be used following a right knee arthroscopy, meniscectomy, and chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a VenaPro pneumatic compression device for the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl): e351 S-418 S and Suppl: 195 S-e226 S.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for right knee pain. Being planned is an arthroscopic meniscectomy. The claimant's BMI is 35. Deep venous thrombosis prophylactic therapy for prevention of DVT is routinely utilized in the inpatient setting with major abdominal, pelvic, extremity or neurologic surgery, or following major trauma. In this case, the claimant has no identified high risk factors for developing a lower extremity deep vein thrombosis or history of prior thromboembolic event. If a compression device were used, it would be on a time-limited basis. Therefore, purchasing a compression device is not medically necessary.