

Case Number:	CM15-0076231		
Date Assigned:	04/27/2015	Date of Injury:	05/05/2011
Decision Date:	06/04/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/21/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 61-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of May 5, 2011. In a Utilization Review report dated April 13, 2015, the claims administrator failed to approve a request for a DVT compression device. An RFA form dated February 27, 2015 and an associated progress note of January 8, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On April 2, 2015, the applicant reported ongoing complaints of knee pain status post earlier knee arthroscopy on February 27, 2015. The applicant was on Ultracet for pain relief. A rather proscriptive 10-pound lifting limitation and eight sessions of physical therapy were endorsed. It did not appear that the applicant was working with said limitation in place, although this was not explicitly stated. On February 11, 2015, the applicant apparently underwent to receive a medical clearance for planned knee arthroscopy. The applicant's medical history was not, however, detailed, although it was noted that the applicant had undergone an earlier knee surgery in 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent Limb Compression Device for the Right Knee (rental): 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), Knee/Leg, Venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Third Edition, Knee Disorders, page 829; and on the Medscape Website (<http://emedicine.medscape.com>).

Decision rationale: The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Knee Chapter notes that the use of lower extremity pump devices such as the article in question are moderately recommended for the prevention of venous thromboembolic disease in applicants undergoing a major knee surgery such as knee arthroplasty, knee fracture ORIF surgery, etc., in this case, however, the applicant underwent a comparatively minor knee arthroscopy procedure on February 27, 2015. There was no mention of the applicant's having issues with delayed ambulation, prolonged immobility, etc. The American College of Chest Physicians (ACCP) and Medscape likewise note that applicants undergoing arthroscopic knee surgery do not necessarily need to undergo routine thrombosis prophylaxis, noting that early mobilization alone is recommended. Here, the attending provider made no mention of the applicant's having any personal risk factors for development of a DVT, which would have compelled provision of the device in question. The applicant's past medical history was not detailed. There was no mention of the applicant's having previously developed a DVT, having issues with neoplasm, or having other risk factors which would result in heightened susceptibility toward development of a DVT. Therefore, the request was not medically necessary.

VenaFlow Calf Cuff (#2): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.