

Case Number:	CM15-0097642		
Date Assigned:	05/28/2015	Date of Injury:	08/11/2014
Decision Date:	06/26/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/20/2015

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: Physical Medicine & Rehabilitation

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 60 year old female, who sustained an industrial injury on August 11, 2014. She reported back pain and right knee pain. The injured worker was diagnosed as having synovitis of the right knee, tear of anterior torn of the lateral meniscus and status post right knee arthroscopic procedure. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right knee, conservative care, medications and work restrictions. Currently, the injured worker complains of low back pain with possible radicular symptoms to the bilateral lower extremities and right knee pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 22, 2014, revealed continued low back pain with possible radicular symptoms to the lower extremities and right knee pain with noted effusion. A home exercise plan and a surgical consultation were recommended. The pain and effusion of the right knee continued. Right knee arthroscopy was performed on April 22, 2015. A pneumatic intermittent compression device was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic Intermittent Compression: 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 Official Disability Guidelines (ODG), Knee Chapter, page 292.

Decision rationale: The patient underwent surgical procedure and the provider has requested for this compression unit. Submitted reports have not demonstrated any obesity condition, smoking history, or intolerance to anticoagulants in the prevention of DVT nor identified how the procedure would prevent the patient from mobility post surgery. Rehabilitation to include mobility and exercise are recommended post-surgical procedures as a functional restoration approach recommended by the guidelines. Submitted reports have not demonstrated any postoperative complications, comorbidities, or extenuating circumstances beyond guidelines criteria. The Pneumatic Intermittent Compression is not medically necessary and appropriate.