

<b>Case Number:</b>	CM14-0143378		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

55 year old female with an industrial injury dated 03/10/14. Exam note 08/26/14 states the patient returns with right knee pain. The patient is status post a right knee partial medial and lateral meniscectomy with articular surface debridement, chondroplasty, and microfracture of the medial femoral condyle. The patient rates the pain as 8-2/10. The patient displays an abnormal gait pattern. However, the patient demonstrated to have a 5/5 muscle strength for the left knee and a 4/5 knee flexion and -4/5 knee extension for the right. Range of motion was noted as 0'-140' for the left knee and -5'-115' for the right knee. Treatment includes continuing with physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DVT (Deep Vein Thrombosis) Compression Device with Sleeve: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT FOR WORKERS' COMPENSATION- INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES- KNEE& LEG (ACUTE & CHRONIC)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Knee and Leg, Compression Garments

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend to use mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient there is no documentation of a history of increased risk of DVT or major knee surgery. The patient underwent a routine knee arthroscopy from the exam note of 8/26/14. Therefore, the request of retrospective DVT (Deep Vein Thrombosis) Compression Device with Sleeve is not medically necessary and appropriate.