

Case Number:	CM13-0031459		
Date Assigned:	12/04/2013	Date of Injury:	02/14/2006
Decision Date:	02/10/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases 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 physician 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:

The patient is a 59 year old female who reported an injury on 02/14/2006. The patient reportedly injured her right knee and right ankle and subsequently underwent surgery for the ankle in 2008, and a right knee scope on 08/01/2013. This procedure involved chondroplasty and synovectomy. The patient was most recently seen on 11/05/2013 for status post surgery on 09/22/2008 which included a repair for posterior tibial tendon on the right and calcaneal osteotomy. On the date of this exam, the patient stated that she has a history of her right knee giving way. On the physical examination, the physician noted that the patient had some mild swelling on the right side over the posterior tibial tendon. She has increased hallux valgus, metatarsus primus varus with a very prominent first metatarsal head and increased valgus of the hindfoot. There is no evidence of any infection or deep vein thrombosis (DVT). She has a negative anterior drawer, and there are no defects of the posterior tibial tendon and no pain over the posterior tibial tendon, Achilles tendon, or peroneal tendons. There was noted tenderness of the patellofemoral joint of the right knee, but there was no instability and she has full range of motion. Furthermore, there is no increased heat in the area. At this time, the physician is requesting a decision for retrospective intermittent limb compression device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro intermittent limb compression device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Official Disability Guidelines states that compression garments are recommended as there is good evidence for the use of compression when available, but little is known about dyssymmetry in compression, for how long, and at what level compression should be applied. The documentation states that the patient has no evidence of infection or DVT. Furthermore, the patient is now 6 months postoperative from her most recent procedure which was 08/01/2013. Therefore, the medical necessity for retrospective intermittent limb compression device cannot be established at this time. As such, the requested service is non-certified.