

Case Number:	CM13-0048354		
Date Assigned:	06/09/2014	Date of Injury:	11/03/1993
Decision Date:	07/14/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/05/2013

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 Internal Medicine and is licensed to practice in New York, Colorado, Kentucky and 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:

The injured worker is a 63-year-old male whose date of injury is 11/03/1993. There are multiple mechanisms of injury documented to include slipping on oil and injuring the right knee or bumping his knee on a pallet at work. He was subsequently fitted with a knee brace that was too small and developed blood clots and a deep vein thrombosis in the right leg and ankle areas. The diagnoses are listed as lymphedema lower extremity, peripheral venous insufficiency, history of deep venous thrombosis, contusion of knee, and derangement of posterior horn of right medial meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPRESSION STOCKINGS TIMES FIVE (5) PAIRS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines for management of wounds in patient with lower extremity venous disease: <http://www.guideline.gov/content.aspx?id=38249&search=venous+insufficiency>.

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: Based on the clinical information provided, there is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. There is no current, detailed physical examination submitted for review to establish the presence of significant lower extremity peripheral venous insufficiency for which the Official Disability Guidelines (ODG) would support usage of compression garments. Due to the lack of clinical support for the medical necessity of compression stockings, the request is not certified.