

Case Number:	CM13-0064517		
Date Assigned:	01/03/2014	Date of Injury:	09/11/2011
Decision Date:	05/12/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 49-year-old male who reported an injury on 09/11/2011, after attempting to assist a client. Current diagnoses include cervical sprain with radiculopathy, cervical radiculopathy with progressive myelopathy, right humerus/shoulder contusion, right ulnar neuritis and weakness, progressing bilateral lower extremity weakness, right biceps tendon rupture, left biceps tendon rupture, and postoperative dizziness. The most recent physician progress report submitted for this review is documented on 10/14/2013. Physical examination revealed tenderness to the right cervical spine, limited cervical range of motion, decreased grip strength on the right, 2+ patella reflexes, and healing portals on the right side without evidence of infection. Treatment recommendations included an onsite nurse case manager and diazepam 5 mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE HALF LEG:
Upheld

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

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

Decision rationale: Official Disability Guidelines state compression garments are recommended. Good evidence for the use of compression is available; however, little is known about dosimetry and compression, and for how long and at what level compression should be applied. As per the documentation submitted, there is no indication that this injured worker has recently undergone any surgical procedures with regard to bilateral lower extremities. There is no indication that this injured worker is at risk for developing a venous thrombosis. The medical necessity for the requested durable medical equipment has not been established. As such, the request is non-certified.