

Case Number:	CM13-0072745		
Date Assigned:	05/07/2014	Date of Injury:	06/09/2013
Decision Date:	06/13/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/31/2013

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 Occupational Medicine 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:

The patient is an employee of [REDACTED] and has submitted a claim for anxiety, insomnia, and right leg compartment syndrome associated with an industrial injury date of June 9, 2013. He was diagnosed with compartment syndrome of the right leg and had a subsequent surgical release on 6/16/13 (4 compartment fasciotomies). Medical records from 2013 were reviewed showing that patient complained of right leg pain associated with numbness and tingling sensation on to the right foot starting in July of 2013. The patient ambulated using a cane for support. He likewise complained of anxiety and sleepless nights. Prior to the injury, he averaged 7 to 8 hours of continuous and uninterrupted sleep. Once he was awake, he had difficulty falling back to sleep due to pain. He likewise felt fatigued and tired throughout the day. Physical examination showed that the patient was pleasant, and cooperative. There was tenderness at the right ankle/foot. There were no noted deformity, effusion, ecchymosis, swelling, erythema, edema, ligament laxity or positive provocative tests. Range of motion was normal, as well as motor testing. Circumferential measurement at the midhigh revealed a 1.5 cm difference; and 3.5 cm difference at the calf; right greater than left. There was also tightness associated with the right calf. X-ray of the right leg, dated June 9, 2013, was normal. Treatment to date has included a right medial fasciotomy of leg wound on June 14, 2013; and physical therapy. Utilization review from November 26, 2013 denied the requests for EMG of bilateral lower extremities because there was no objective evidence of neurological deficit; whirlpool therapy because there was no documentation of significant functional deficits; sleep study because there was no indication that the patient had insomnia for at least 6 months which is recommended prior to a referral; Psyche because there were no objective findings relating to this request; TED Hose due to no documentation of swelling; and tennis shoes due to lack of discussion on the patient's specific needs with regards to footwear.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM (EMG) BILATERAL LOWER EXTREMITIES (BLE):

Overtuned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient had 4 compartment fasciotomies of the right leg in June 2013 and has been complaining of right leg pain associated with numbness and tingling sensation of the right foot since July of 2013 after his surgery. Physical examination showed a significant difference in the circumferential measurement of the right leg compared to the left, as well as tightness. An EMG is warranted given the patient has numbness and tingling, as well as an enlarged and tight right calf with a history of 4 compartment release to evaluate any subtle peripheral neuropathy not found on exam. The medical necessity has been established. Therefore, the request for electromyogram (EMG) of bilateral lower extremities is medically necessary.

WHIRLPOOL THERAPY: 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 Other Medical Treatment Guideline or Medical Evidence: [REDACTED].

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the [REDACTED], [REDACTED], [REDACTED], and the [REDACTED] was used instead. It states that whirlpool therapy involves supervised use of agitated water in order to relieve muscle spasm, improve circulation, or cleanse wounds e.g., ulcers, and exfoliate skin conditions. It is considered medically necessary to relieve pain and promote relaxation to facilitate movement in persons with musculoskeletal conditions. The treatment requested was also considered medically necessary for wound cleansing. In this case, patient has persistent pain at the right leg secondary to compartment syndrome status-post fasciotomy on June 14, 2013. Recent physical examination findings do not document poor wound healing, muscle spasm, or poor pulses that warrant this form of therapy. There is likewise no discussion concerning indications for this treatment. Therefore, request for whirlpool therapy is not medically necessary.

SLEEP STUDY: 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).

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

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the [REDACTED] the Official Disability Guidelines (ODG), Pain Chapter was used instead. It states that polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. In this case, the patient has been complaining of loss of sleep due to persistent pain. However, the documents submitted do not indicate the use of first line treatment like behavior intervention and sedative/sleep-promoting medications. It is likewise unclear if the complaint of insomnia has exceeded the six months duration that warrant a sleep study. The guideline criteria have not been met. Therefore, the request for sleep study is not medically necessary.

PSYCHE: 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 MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 7, 127.

Decision rationale: The MTUS ACOEM guidelines indicate that a consultation is used to aid diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness to return to work. In this case, patient reports symptoms of anxiety and insomnia secondary to pain. Physical examination findings revealed that the patient was pleasant and cooperative. Mental status examination was not documented. Regarding insomnia, it is unclear if the patient already had first-line treatment such as, behavior intervention and sedative/sleep-promoting medications. The medical necessity has not been established. Therefore, the request for Psyche is not medically necessary.

TED HOSE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: TED hose is also known as anti-embolism compression stockings. The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the [REDACTED] the Official Disability Guidelines (ODG), Knee Section was used instead. It states that compression garments are recommended because of good evidence; however, little is known about dosimetry in compression, for how long and at what level compression should be applied. High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. In this case, patient has persistent right leg pain secondary to compartment syndrome status-post fasciotomy on June 14, 2013. The most recent physical examination revealed that circumferential measurement at the mid thigh measured 1.5 cm difference; and 3.5 cm difference at the calf; right greater than left. The medical necessity has been established. Therefore, the request for TED hose is medically necessary.

TENNIS SHOES: 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).

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, Durable Medical Equipment.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the [REDACTED], the Official Disability Guidelines (ODG), Knee Chapter was used instead. A Durable Medical Equipment (DME) is recommended generally if there is a medical need and if the device meets the Medicare's definition of DME as: can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. In this case, patient has a known case of compartment syndrome of the right leg status-post fasciotomy on June 2013. However, the guideline criteria as stated above have not been met since the tennis shoes is not primarily and customarily used to serve a medical purpose and it is still useful to anyone in the absence of an injury. There is no discussion how the tennis shoes can provide beneficial effects to the patient. Therefore, the request for tennis shoes is not medically necessary.