

Case Number:	CM14-0003165		
Date Assigned:	01/31/2014	Date of Injury:	05/10/2013
Decision Date:	06/19/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/09/2014

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 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] who has submitted a claim for pain in the lumbar spine, right shoulder, right knee and right hip from an associated industrial injury date of May 10, 2013. Treatment to date has included medications, physical therapy for 15 sessions, and chiropractic therapy for 6 sessions, right knee scope and debridement of meniscus on October 18, 2013 and post-op physical therapy for 12 sessions. Medical records from 2013 were reviewed showing that the patient complained of pain in the lumbar spine, right shoulder, right knee and right hip. On physical examination of the cervical spine, there was limited range of motion with tenderness on the trapezius and in the paravertebral muscles on the right side. Hypertonicity of the trapezius was noted on the right side. Spurling's test and the right cervical compression test were also positive. Muscle strength was as follows: 4/5 in the C5 and C6 nerve roots, 5/5 in the C7 and C8 on the right side. Sensation was decreased in C5 and C6 and normal in C7 and C8. Deep tendon reflex (DTR) was +2 on the brachioradialis and triceps tendon, bilaterally. Examination of the lumbar spine showed limited range of motion (ROM). There was tenderness over the lumbar paraspinal muscles, bilaterally. Hemp's test was positive, bilaterally. Examination of the right knee showed limited ROM with flexion to 130 degrees and extension at 0 degrees. There were tenderness on the medial joint line and lateral joint line. Patellofemoral grind test was positive. Healed portals were noted. MRI of the lumbar spine done on June 7, 2013 showed mild left neural foraminal stenosis at the levels of L3-L4 and L4-L5. MRI of the right shoulder done on June 24, 2013 showed moderate impingement and mild tendinosis of the rotator cuff with a partial tear beneath the acromion. MRI of the right knee done on June 24, 2013 showed IIIA abnormality at the posterior horn of the medial meniscus representing an oblique tear, partial tear at the posterior fibrils of the posterior cruciate ligament and mild tendinitis of the quadriceps ligament. X-ray of the right knee done on May 10, 2013

showed normal results. X-ray of the right hip done on May 10, 2013 showed no acute fracture. Utilization review from December 11, 2013 denied the request for DVT Max Compression Therapy Unit purchase and pneumatic compression wraps to be used with unit because there was no detailed risk factor for DVT other than post-op.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT MAX COMPRESSION THERAPY UNIT PURCHASE AND PNEUMATIC COMPRESSION WRAPS TO BE USED WITH UNIT: Upheld

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

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 Section, Compression Garments.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to the Official Disability Guidelines on the section of Knee and Leg, under the topic of Compression Garments, there is a good evidence for the use of compression, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. In this case, the patient underwent right knee scope and debridement of meniscus on October 18, 2013. The patient's risk factor for developing DVT is her recent surgery; hence, the guideline criteria have been met. Compression therapy may be necessary in this case; however, it is unclear why a rental unit cannot suffice. It is also not clear why medical DVT prophylaxis would be insufficient. Therefore, the request for DVT Max Compression Therapy Unit purchase and Pneumatic Compression Wraps to be used with unit is not medically necessary.