

Case Number:	CM14-0013823		
Date Assigned:	02/26/2014	Date of Injury:	06/09/2013
Decision Date:	07/17/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	02/03/2014

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 Orthopedic Surgery, 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 a 53-year-old male who has filed a claim for compartment syndrome of the right leg associated with an industrial injury date of June 09, 2013. Review of the progress notes indicates right leg and ankle/foot pain. The patient also reports anxiety and insomnia. Findings include tenderness of the right leg and ankle/foot with decreased range of motion, and decreased sensation of the medial and lateral aspect of the right leg. The patient walks with a limp, favoring the left leg. There is swelling of the lower leg. Ultrasound duplex study of the right lower extremity dated January 10, 2014 was normal. An electrodiagnostic study dated November 20, 2013 showed probably injury to the right sural nerve. Treatment to date has included physical therapy and release of compartment syndrome for the right leg in June 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

WHIRLPOOL THERAPY: 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 Aetna Clinical Policy Bulletin: Physical Therapy Services.

Decision rationale: The California MTUS does not specifically address this topic, so the Aetna Clinical Policy Bulletin for Physical Therapy Services 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, exfoliative skin conditions. It is considered medically necessary to relieve pain and promote relaxation to facilitate movement in persons with musculoskeletal conditions. It is also considered medically necessary for wound cleansing. In this case, there is no documentation of muscle spasms, circulatory insufficiency, or necessity for wound cleaning to support this request. Therefore, the request for whirlpool therapy was not medically necessary.

TED HOSE: 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.

Decision rationale: The California MTUS does not address this topic, so the Official Disability Guidelines were used instead. The ODG states that compression garments are recommended. Low levels of compression are effective in the management of telangiectasias after sclerotherapy, varicose veins in pregnancy, and the prevention of edema and deep vein thrombosis (DVT). High levels are effective at healing leg ulcers, preventing progression of post-thrombotic syndrome, and managing lymphedema. In this case, although there is documentation of lower extremity swelling, there is no documentation regarding conditions, such as immobility or surgery, necessitating a TED (thromboembolic deterrent) hose. Therefore, the request for TED hose was not medically necessary.

SLEEP STUDY: 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.

Decision rationale: The California MTUS does not address this topic, so the Official Disability Guidelines were used instead. The ODG states that polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavioral intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. It is also recommended in cases with excessive daytime somnolence, cataplexy, morning headache with other causes ruled out, sudden intellectual deterioration without suspicion of organic dementia, suspicion of sleep-related breathing disorder or periodic limb movement, and personality change not secondary to medication, organic, or a psychiatric problem. There is mention that the patient is experiencing insomnia due to the injury. There is no

documentation describing the patient's insomnia, or failure of behavioral interventions or pharmacologic management. Therefore, the request for sleep study was not medically necessary.