

Case Number:	CM14-0016861		
Date Assigned:	04/11/2014	Date of Injury:	02/06/2012
Decision Date:	05/29/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/10/2014

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:

Prior treatment history has included HEP, IF 4 unit at home. She has received 27 sessions of physical therapy, 26 sessions of chiropractic treatment and 16 sessions of acupuncture treatment. PR2 dated 10/16/2013 states that on September 14, 2012, the patient saw the orthopedic surgeon, [REDACTED] who recommended a left knee arthroscopic surgery with partial meniscectomy and chondroplasty. Today, the patient states the prescribed medications have been helping her. She also states using the IF-4 unit (issued a year ago) everyday at home has given her relief of symptoms in the arms. She feels her condition has improved at this time. The patient's complaints include headaches with dizziness and blurry vision; neck pain; upper back pain radiating to the knees associated with tingling sensations, weakness, and stiffness; lower back pain radiating to the hips and legs associated with tingling sensations and weakness; bilateral shoulder and arm pain associated with numbness and tingling sensations and weakness; bilateral elbow pain; bilateral wrist and hand pain radiating to the fingers; bilateral knee and leg pain; bilateral ankle and foot pain; depression and anxiety; and sleep interruption and difficulty falling asleep. Objective findings on exam revealed tenderness to palpation over the paracervical muscles bilaterally; active range of motion is full in all planes with complaints of pain. Inspection of the thoracic spine reveals straightening of the normal lordotic curve. Palpation reveals tenderness over the paraspinal muscles bilaterally; active range of motion is full in all planes with complaints of pain. The lumbosacral spine reveals tenderness over the paralumbar muscles and spinous processes bilaterally. Active range of motion is decreased with complaints of pain; bilateral straight leg raise test is positive bilaterally. Inspection is within normal limits of the bilateral shoulders. There is tenderness over the shoulders; active range of motion is decreased due to pain. There is tenderness over the bilateral elbow joints; active range of motion is full in all planes with complaints of pain. There is tenderness over the wrist joints; active

range of motion is full in all planes with complaints of pain. Bilateral hands show active range of motion is full in all planes with complaints of pain. Bilateral hips show tenderness over the hip joints; active range of motion is decreased with complaints of pain. There is tenderness over the bilaterally knees; active range of motion is full in all planes with complaints of pain. Bilateral ankles/feet reveal tenderness over the medial malleoli.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPRESSION SLEEVE: 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, Compression Garments.

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 (Acute And Chronic), Compression Garments.

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, "good evidence for the use of compression is available, 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 management of telangiectases after sclerotherapy, varicose veins in pregnancy, 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, there is documentation of recommendation for left knee arthroscopy with partial medial meniscectomy. It is unclear if surgery has been performed. Provided records do not specify the body part or rationale for the compression sleeve. A hinged knee brace was previously requested for the left knee. Medical necessity is not established.