

<b>Case Number:</b>	CM14-0018916		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	06/29/2000
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Internal Medicine, and is licensed to practice in Pennsylvania. 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 62-year-old with a date of injury of June 29, 2000. A detailed description of the mechanism of injury was not included in the submitted documentation. [REDACTED] office visit notes dated May 16 and July 9, 2013, and January 9, 2014 described the worker as experiencing pain in her back and limbs and behavioral issues related to a prior brain injury. The notes notated swelling of both feet in the lists of the worker's medical conditions and listed the medication meloxicam among those the worker was taking for the management of her pain. However, there was no documented assessment of the degree of swelling, effect on the worker, possible or defined causes, or treatments and their subsequent results. [REDACTED] notes dated May 16 and July 9, 2013 reported that the worker was briefly treated with medication to increase urine output (diuretics) following exposure to chemical fumes that caused her some problems breathing. The documentation did not indicate if this treatment had any effect on the worker's leg and foot swelling. A Utilization Review decision was rendered on January 21, 2014 recommending non-certification of sequential compression devices for the legs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL SCD (SEQUENTIAL COMPRESSION DEVICE):** 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 Sterns RH, et al. General principles of the treatment of edema in adults. Topic 6884, Topic 11.0. UpToDate. Accessed 06/23/2014.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines are silent as to the issue of the use of sequential compression devices to treat leg swelling. The literature suggests that treatment of leg and foot swelling should follow a thorough assessment of the degree of swelling, potential underlying causes, effects on the person, and other medical issues the person may have that could be affected by the presence or removal of the fluid. The most effective treatment is reversal of the underlying cause. When this is not possible, the literature suggests the consideration of decreasing the amount of salt consumed in the diet and/or medications to increase urine output (diuretics). There is little evidence in the literature to support the use of sequential compression devices for leg and foot swelling. The ideal amount of pressure, length of each session, frequency of sessions, duration of treatment, and conditions that will benefit all remain uncertain. [REDACTED] office visit notes dated May 16 and July 9, 2013, and January 9, 2014, notated swelling of both feet in the lists of the worker's medical conditions. However, there was no documented assessment of the degree of swelling, effect on the worker, suspected or known causes, or treatments and their results. In addition, these notes listed the medication meloxicam among those the worker was taking for the management of her pain. This class of medications is known to cause leg swelling as a potential side effect, as described in the Chronic Pain Medical Treatment Guidelines. The Chronic Pain Medical Treatment Guidelines recommend that the benefits be weighed against the risks when choosing medications for pain management. The submitted documentation does not report the result of trying an alternate therapy. The request for a bilateral SCD is not medically necessary or appropriate.