MAXIMUS Federal Services

Case Number:	CM14-0126648		
Date Assigned:	08/13/2014	Date of Injury:	04/04/2011
Decision Date:	11/26/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/11/2014

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 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:

Pursuant to the progress note dated June 25, 2014, the IW has complaints of right hip, right knee, and right foot pain. She indicated that the right hip is achy and rates her pain at 5/10. Prolonged walking or sitting exacerbates her pain. S describes her right knee pain as stabbing rated 6/10. She reports an exacerbation of pain with prolonged walking. With regards to her right ankle, the IW describes her pain as achy, and rates the pain at 7/10. She states that the overall pain has improved since her surgery. She is currently undergoing post-operative physical therapy to the right foot, which is helping to increase her range of motion. The IW has a history of diabetes and is insulin dependent. Physical examination reveals decreased right hip range of motion in all planes. No patellar instability. No sign of DVT to the right lower extremity. The IW was wearing a cam walker boot on the right foot/ankle. The IW has been diagnosed right knee chondromalacia patella, mechanical painful syndrome; right hip degenerative disc disease, right trochanteric bursitis; right SI joint dysfunction; osteochondral defect of the right ankle; and diabetes mellitus, not well controlled. Current medications include: Norco, Flexeril, and Docuprene. A note in the record indicated that the IW was given a walker on May 7, 2014 for added stability and support during ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Segmental pneumatic appliance : one day rental: 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 (ODG); Lower Extremity; Venous Thrombosis Other Medical Treatment Guideline or Medical Evidence: Jt Comm J Qual Patient Saf, 2011 Apr, 37(4) 178-83

Decision rationale: Pursuant to the Official Disability Guidelines and Jt Comm J Qual Patient Saf, 2011 Apr, 37(4) 178-83, the pneumatic compression devices are not medically necessary. The article's conclusion states compliance with venous thromboembolic protocols continues to be less than 100%, and even when patients adhere to existing protocols being as thromboembolic events continue to occur. The Official Disability Guidelines state there is evidence for the use of compression but little is known about dosimetry, for how long and at what level compression should be applied. Recent research indicates there was inconsistent evidence for compression stockings the findings do not support routine wearing of elastic compression stockings during the first two years after acute symptomatic DVT. In this case, the injured worker does not have a history of prior DVT. The injured worker is a 47-year-old who underwent right ankle arthroscopy with microfracture on April 24, 2014. The record indicates the worker is at high risk for deep vein thrombosis due to lower extremity surgery which will decrease the claimant's ability to ambulate. However, there is no evidence medical record that the worker is at risk for DVT, or any other clotting disorders. Consequently, the injured worker is not at high risk for clotting event for DVT. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the request for Pneumatic Compression Device one day rental is not medically necessary.

SCD sleeves purchase #2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Lower Extremity Section; Venous Thrombosis Other Medical Treatment Guideline or Medical Evidence: Jt Comm J Qual Patient Saf, 2011 Apr, 37(4) 178-83

Decision rationale: Pursuant to the Official Disability Guidelines and Jt Comm J Qual Patient Saf, 2011 Apr, 37(4) 178-83, the SCD sleeves are not medically necessary. The article's conclusion states compliance with venous thromboembolic protocols continues to be less than 100%, and even when patients adhere to existing protocols being as thromboembolic events continue to occur. The Official Disability Guidelines state there is evidence for the use of compression but little is known about dosimetry, for how long and at what level compression should be applied. Recent research indicates there was inconsistent evidence for compression stockings the findings do not support routine wearing of elastic compression stockings during the first two years after acute symptomatic DVT. In this case, the injured worker does not have a history of prior DVT. The injured worker is a 47-year-old who underwent right ankle

arthroscopy with microfracture on April 24, 2014. The record indicates the worker is at high risk for deep vein thrombosis due to lower extremity surgery which will decrease the claimant's ability to ambulate. However, there is no evidence medical record that the worker is at risk for DVT, or any other clotting disorders. Consequently, the injured worker is not at high risk for clotting event for DVT. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the request for SCD sleeves (for purchase) is not medically necessary.