

Case Number:	CM14-0128201		
Date Assigned:	09/05/2014	Date of Injury:	10/08/2008
Decision Date:	10/03/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine and Rehabilitation; 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 55-year-old male who has submitted a claim for thoracic sprain/strain, lumbosacral disc injury, s/p carpal tunnel release, and s/p knee arthroscopy associated with an industrial injury date of 10/8/2008. Medical records from 1/2/2014 up to 6/3/14 were reviewed showing that the patient had continued bilateral knee and bilateral upper extremity pain and swelling. He ambulates with a limp. He recently underwent left knee arthroscopy with partial medial meniscectomy, debridement of tricompartmental scar tissue, and manipulation on 3/26/14. Physical examination revealed that the patient walks with a limp and a cane. Knee is tender with moderate effusion. Distal pulses are palpable. Treatment to date has included Mobic, Norco, Skelaxin, Neurontin, surgeries, acupuncture, physical therapy, and aquatic therapy. Utilization review from 7/14/2014 denied the request for intermittent limb compression device, qty: 1.00. The patient had arthroscopic surgery of the knee in 2009. There is no swelling of the knee and 110 degrees of motion. Tenderness persists. The likelihood of developing DVT due to surgery 5 years ago is not supported by evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent limb compression device, qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg updated 6/5/14 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 and Leg Chapter, Vasopneumatic Devices

Decision rationale: The CA MTUS does not specifically address Vasopneumatic devices. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. According to ODG, Vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling; or for home-use as an option for the treatment of lymphedema after a four-week trial of conservative medical management that includes exercise, elevation and compression garments. In this case, the patient does have continued swelling of bilateral knees and bilateral upper extremities. He recently underwent a left arthroscopic procedure of the knee on 3/26/14. However, the targeted body part was not indicated in this request. It is unclear whether this compression device should be used for the left knee or the other swollen extremities. Intended duration of treatment period is also not specified. Therefore the Request for Intermittent Limb Compression Device, quantity: 1.00 is not medically necessary.