

Case Number:	CM14-0175313		
Date Assigned:	10/28/2014	Date of Injury:	08/04/2014
Decision Date:	12/04/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/23/2014

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 Texas. 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 41-year old male who was injured at work on 08/04/2014. The injured worker is reported to be recurrent lymphedema from chronic lymphedema and surgical lymphedema. The physical examination revealed presence of edema in the left lower extremity. The worker has been diagnosed of chronic lymphedema and surgical lymph edema. Treatments have included such conservative measures like elevation, exercise, and four weeks of compression garments, but all without success. At dispute are the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gradient Sequential Pneumatic Compression Pump for 6 month rental for the left knee:
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 Chapter

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 & Chronic)>, <Vasopneumatic devices (wound healing; Lymphedema pumps)> Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare & Medicaid Services <http://www.cms.gov/medicare-coverage-database/details/ncd->

details.aspx?NCDId=225&ncdver=1&IsPopup=y&NCAId=63&NcaName=Pneumatic+Compression+Pumps+for+Venous+Insufficiency&bc=AAAAAAAAAgAAA%3D%3D&

Decision rationale: The medical records provided for review do not indicate a medical necessity for Gradient Sequential Pneumatic Compression Pump for 6 month rental for the left knee. While the MTUS makes no mention of the use of pneumatic compression devices for the knee, the official Disability Guidelines recommends the use of Vasopneumatic devices to reduce swelling after acute injury, and the use of lymphedema pumps for treatment of lymphedema after a four-week trial of conservative medical management. However, the Center for Medicare and Medicaid services (CMS) recommends that the physician requesting for such treatment must provide physician determination of medical necessity to include documentation: the patient's diagnosis and prognosis; Symptoms and objective findings, including measurements which establish the severity of the condition; the reason the device is required, including the treatments which have been tried and failed; and the clinical response to an initial treatment with the device. This clinical response should include the change in pre-treatment measurements, ability to tolerate the treatment session and parameters, and ability of the patient (or caregiver) to apply the device for continued use in the home. Since the information provided did not include a clinical response to previous treatment with pneumatic compression pump, the requested treatment is not medically necessary.

Sleeve for pneumatic compression pump: 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 Chapter

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 & Chronic)>, <Vasopneumatic devices (wound healing; Lymphedema pumps Other Medical Treatment Guideline or Medical Evidence: Center for Medicare and Medicaid services <<http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=225&ncdver=1&IsPopup=y&NCAId=63&NcaName=Pneumatic+Compression+Pumps+for+Venous+Insufficiency&bc=AAAAAAAAAgAAA%3D%3D&>>

Decision rationale: The medical records provided for review do not indicate a medical necessity for Sleeve for pneumatic compression pump. The Center for Medicare and Medicaid services (CMS) recommends that the physician requesting for treatment with pneumatic compression device must provide physician determination of medical necessity to include documentation of: the patient's diagnosis and prognosis; Symptoms and objective findings, including measurements which establish the severity of the condition; the reason the device is required, including the treatments which have been tried and failed; and the clinical response to an initial treatment with the device. Since the information provided did not include a clinical response to previous treatment with pneumatic compression pump, pneumatic compression device is not medically necessary in the injured worker, therefore; since the pneumatic compression device is not medically necessary, Sleeve for pneumatic compression pump is not medically necessary.

