MAXIMUS Federal Services

Case Number:	CM14-0177047		
Date Assigned:	10/30/2014	Date of Injury:	06/21/2013
Decision Date:	12/05/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/24/2014

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 Orthopedic Surgery, 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 24-year-old female who reported an injury on 06/21/2013. The mechanism of injury was a slip and fall. Prior treatments included ankle bracing, ice, and medications, as well as chiropractic sessions, acupuncture, and intra-articular injection of the left ankle. The medications included Aleve, Tylenol, Advil, Norco, Prilosec, and Elavil. The injured worker underwent an epidural steroid injection on 08/06/2014. The injured worker underwent an EMG on 03/20/2014. The documentation of 10/24/2014 revealed the full leg lymphedema garment had been purchased and there was a VascuTherm 21 day rental request. There was no Request for Authorization submitted for the requested intervention. Documentation indicated the injured worker would undergo lumbar spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

VascuTherm 21 day rental for DOS 10/24/2014: 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 and Leg Chapter, Continuous Flow Cryotherapy.

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 Chapter, Venous Thrombosis, Compression Garments

Decision rationale: The Official Disability Guidelines indicate that injured workers should be assessed for risk factors for deep venous thrombosis development. Additionally, the guidelines indicate that compression garments, that include stockings, are effective in the management of the prevention of edema and deep venous thrombosis. The clinical documentation submitted for review failed to indicate a necessity for VascuTherm 21 day rental for DOS 10/24/2014. There was a lack of documented rationale. There was a lack of documentation indicating the injured worker had been assessed for risk of venous thrombosis and could not utilize compression stockings. Given the above, the request for VascuTherm 21 day rental for DOS 10/24/2014 is not medically necessary.

Full leg Lymphedema garment Purchase for DOS 10/24/2014: 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 and Leg Chapter, (updated 10/7/2014), 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 Chapter, Venous Thrombosis, Compression Garments

Decision rationale: The Official Disability Guidelines indicate that injured workers should be assessed for risk factors for deep venous thrombosis development. Additionally, the guidelines indicate that compression garments, that include stockings, are effective in the management of the prevention of edema and deep venous thrombosis. The clinical documentation submitted for review failed to indicate a necessity for Full leg Lymphedema garment Purchase for DOS 10/24/2014. There was a lack of documented rationale. There was a lack of documentation indicating the injured worker had been assessed for risk of venous thrombosis and could not utilize compression stockings instead of full leg Lymphedema garments. Given the above, the request for Full leg Lymphedema garment Purchase for DOS 10/24/2014 is not medically necessary.