

Case Number:	CM14-0025839		
Date Assigned:	06/13/2014	Date of Injury:	12/06/2012
Decision Date:	07/29/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/28/2014

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 Spine 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 49-year-old male who reported an injury on 12/06/2012 due to an unknown mechanism of injury. The injured worker complained of continued low back pain that was only relieved with rest. He had constant right shoulder pain that varied with activities. He described the pain as aching, burning, sharp, and stabbing. The pain radiated down from his shoulder to his right arm, stopping at the elbow. He also complained of constant bilateral knee pain greater on the right side, which he described as tearing, ripping, burning, sharp, and stabbing, pain that radiated to both ankles. (Requested information to rearrange.) He rated his pain at an 8/10 and continued to have numbness, tingling, and weakness into the lower extremities. On 12/18/2013, the physical examination revealed tenderness to palpation in the low back. There was no pain throughout the range of motion testing bilaterally. The injured worker experienced tenderness in the right foot on palpation. The sensory examination was intact with no dermatomal deficits bilaterally. On 11/05/2013, the x-rays of the right shoulder and left ankle revealed four Mitek-type anchors in the greater tuberosity with a gently curved type II acromion in the right shoulder. The medial malleolar fracture had a small defect on the medial cortex that has not been filled in. The injured worker had diagnoses of probable re-tear of the rotator cuff and early osteoarthritis of both knees. The past treatment included physical therapy, bilateral shoulder surgery, L3-4 disc removal, and bilateral ankle and knee surgery. The injured worker was on the following medications: ibuprofen 800 mg, nortriptyline, gabapentin, Seroquel, hydrocodone, Ondansetron, Zomig, and Lidoderm patches. The current treatment plan was for pneumatic compression wraps. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PNEUMATIC COMPRESSION WRAPS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Rehabilitation-Physical Therapy (PT).

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, Compression garments.

Decision rationale: The request for pneumatic compression wraps is non-certified. The injured worker has a history of shoulder pain, bilateral knee pain, and low back pain. The Official Disability Guidelines state there is good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Pneumatic compression wraps are recommended after surgery; however, the frequency, duration, and location of use were not provided with the request. Given the above, the request for pneumatic compression wraps is not medically necessary and appropriate.