MAXIMUS Federal Services

Case Number:	CM14-0063053		
Date Assigned:	07/11/2014	Date of Injury:	07/10/1999
Decision Date:	08/29/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/05/2014

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 Nevada. 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 records, presented for review, indicate that this 69-year-old female was reportedly injured on 7/10/1999. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 1/31/2014, indicated that there were ongoing complaints of neck and bilateral upper extremity pains. The physical examination demonstrated cervical spine mild torticollis, positive head compression sign, positive Spurling's test, positive tenderness to palpation with muscle spasm noted over the trapezius and paravertebral muscles. There was pain with range of motion. Bilateral wrists had positive tenderness to palpation over the median nerve dermatomes with full range of motion. No recent diagnostic studies are available for review. Previous treatment included medication and conservative treatment. A request had been made for compression stockings and was not certified in the pre-authorization process on 4/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compression Stockings: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines - Knee And Leg (Acute & Chronic).

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, (Acute and Chronic) Compression Garments. Updated 6/15/2014.

Decision rationale: Compression garments are recommended. 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. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. After review of the medical documentation provided, there was no identifiable physical examination findings that correlate with the above documented conditions. Therefore, this request is deemed not medically necessary.