

Case Number:	CM14-0073644		
Date Assigned:	07/16/2014	Date of Injury:	05/14/2010
Decision Date:	08/29/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/19/2014

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, has a subspecialty in Pain Management, 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:

This is a 40-year-old who sustained a remote industrial injury on May 14, 2010 diagnosed with status post bilateral knee arthroscopies. The mechanism of injury is not specified in the documents provided. The request for Mechanical compression device with sleeves was non-certified at utilization review due to the limited evidence of the benefit from mechanical devices over the use of compression stockings. The most recent progress note provided is March 20, 2014. Patient complains primarily of bilateral knee pain rated as a 4/10. Patient also reports occasional swelling in the right knee. Prolonged standing/walking, stair climbing, and some activities of daily living aggravate the pain. Physical exam findings reveal tenderness over the medial joint lines of bilateral knees with the left worse than the right; slightly decreased flexion of bilateral knees; and slight antalgia with the patient favoring his left lower extremity. Current medications are listed as none. It is noted that the patient is undergoing physical therapy with benefit but reports temporarily increases in pain symptoms. Provided documents include several physical therapy daily notes, previous progress reports, a urine drug screen, laboratory results, and a procedure report dated January 16, 2014. The most recent physical therapy note, dated April 9, 2014, reveals the patient has benefitted from physical therapy and will be discharged to continue a home exercise program. The patient's previous treatments include left knee arthroscopy, physical therapy, and medications. Imaging studies provided include a chest X-ray, performed on January 2, 2014, that reveals no active disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Usage of a mechanical compression device with sleeves, provided on January 16, 2014:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: According to ODG, there is good evidence to recommend the use of compression but little is known concerning how long compression should be applied and at what level compression should be applied. ODG further highlights that recent research reveals there is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). Due to this lack of peer-reviewed evidence in support of mechanical compression over the use of compression stockings, medical necessity cannot be supported. The request for the usage of a mechanical compression device with sleeves, provided on January 16, 2014, is not medically necessary or appropriate.