

<b>Case Number:</b>	CM14-0083184		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	04/24/2006
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 58-year-old gentleman was reportedly injured on April 24, 2006. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 14, 2014, indicates that there was a follow-up for glomerular nephritis. The injured employee stated to be taking no current medications. The current creatine level was 1.28 mg/dL and the Glomerular Filtration Rate (GFR) was 85.03. The respiratory examination revealed decreased breath sounds in the bases. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes wound care and debridement of a venous ulcer of the left lower leg. A request was made for programmable, segmented pneumatic compression device w/calibrated gradient pressure and a right calf/foot garment and was not certified in the pre-authorization process on May 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Programmable, segmented pneumatic compression device w/calibrated gradient pressure QTY:1.00:** Overturned

**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 and Leg, Updated August 25, 2014.

**Decision rationale:** A review of the medical records indicates that the injured employee has a diagnosis of lower limb ulcers and varicose veins. There is also a history of a deep vein thrombosis (DVT) in the lower extremities. According to the Official Disability Guidelines studies have shown that a primary recommendation for DVT prophylaxis includes mechanical methods such as use of a compression device. Considering this, the request for a programmable segmented pneumatic compression device with calibrated gradient pressure is medically necessary.

**Right calf/foot garment QTY; 1.00:** Overturned

**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 and Leg, Venous Thrombosis, Updated August 25, 2014.

**Decision rationale:** As the accompanying request for a pneumatic compression device has been determined to be medically necessary, so this request for a right calf/foot garment is medically necessary.