

Case Number:	CM14-0084768		
Date Assigned:	07/21/2014	Date of Injury:	06/19/2006
Decision Date:	10/09/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/06/2014

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 Emergency Medicine 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 57-year-old male who reported an injury on 06/19/2006 due to an unknown mechanism. Diagnoses were: postphlebotic syndrome with ulcer; venous insufficiency/peripheral, unspecified; other lymphedema; pain, not elsewhere classified; chronic pain; and obesity, unspecified. Past treatments have included compression stockings, venous ablation times 2, and IV antibiotics. Diagnostic studies were not reported. Surgical history was 2 back surgeries and left knee arthroscopic surgery. Physical examination on 05/14/2014 revealed swelling, pain and weeping of the right lateral lower leg. There were complaints of pain in both lateral lower legs and weeping and a feeling that there was a deep infection in the lower leg. C&S revealed only scant contaminants. The ulcer was debrided and revealed mild edema, and severe hemosiderosis was seen, right worse than left. The duration for this ulcer was for about 2 years after a DVT developed in the right leg as a complication of back surgery. It was reported that pain develops if the swelling occurs. There was bilateral lower leg edema, and hard black eschars lateral lower right leg, with mild serous weeping. The injured worker has a venous stasis ulcer and complications due to presence of edema and obesity. Wound number 1 on the right lateral lower leg is a full thickness venous ulcer and has received a status of not healed. Subsequent wound encounter measurements are 4 cm length by 1.2 cm width by 0.1 cm depth, with an area of 4.8 square centimeter and a volume of 0.48 cubic centimeter. There is a moderate amount of serous drainage noted with no odor. The injured worker reported a wound pain of level 0/10. The wound margin is attached to wound base. The periwound skin texture was normal. The periwound skin moisture was normal. The periwound skin color was normal. The temperature of the periwound skin was within normal limits. There were no signs or symptoms of infection. Distal pulses were present. Medications were not reported. Treatment

plan was for an MRI and culture of the right lower leg, compression stockings, and sequential compression pump. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI and Culture of the right lower leg: 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 & Leg Chapter: MRIOfficial Disability Guidelines:Infectious Disease Chapter: Bone Culture

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases, Bone and Joint Infections: Osteomyelitis, acute

Decision rationale: The decision for MRI and Culture of the right lower leg is not medically necessary. The Official Disability Guidelines for Bone and Joint Infections osteomyelitis is the disease that is first suspected on clinical ground with evidence of tenderness, soft tissue swelling or redness. The gold standard diagnostic technique is bone culture. Blood cultures are positive about 50% of the time in cases secondary to hematogenous spread. A bone biopsy is not necessary if the clinical and imaging studies are consistent with the diagnosis and blood cultures are positive. Radiographs are usually positive within 10 to 14 days with signs including soft tissue swelling, periosteal reaction, and bone destruction, but plain x-rays are poorly sensitive (missing cases). If the x-ray shows changes of osteomyelitis, no further imaging is recommended. Bone scan is sensitive within about 3 days but may produce false negatives. There are also sometimes nonspecific with false positives from degenerative joint disease, bone tumors and recent surgery. This study is recommended if the x-ray is normal and the patient presents clinically with osteomyelitis. CT may be useful (particularly if hardware is involved) but MRI is more sensitive and can be used at early stages. Erythrocyte sedimentation rate and C reactive protein are often elevated. White blood cell count can be elevated or normal. The medical guidelines suggest radiographs. Bone scan is suggested if the x-ray is normal and the patient presents clinically with osteomyelitis. The guidelines also suggest erythrocyte sedimentation rate and a C reactive protein to check for elevation. Examination of the ulcer revealed periwound skin color was normal. The temperature of the periwound skin was within normal limits. There were no signs or symptoms of infection. The injured worker reported a wound pain of level 0/10. It was also reported that the wound was deteriorating. Therefore, the request for MRI and Culture of the right lower leg is not medically necessary.

Compression Stockings: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation O'Meara S., Cullum N, Nelson EA, Dumville JC. Compression for venous ulcersManagement of Varicose Veins, Fam Physician.2008 Dec 1; 78(11):1289-1294

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 Lower Leg, Compression Garments

Decision rationale: The decision for Compression Stockings is medically necessary. The Official Disability Guidelines for compression garments states that it is 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 to 30 mmHg, applied by stockings are effective in management of telangiectasia after sclerotherapy, varicose veins in pregnancy, the prevention of edema in deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30 to 40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. There were significant factors to justify the use of compression garments. The guidelines support the use for the prevention of edema in deep vein thrombosis. Also it supports the use of compression garments for the management of lymphedema. Therefore, this request is medically necessary.

Sequential Compressions Pump: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation O'Meara S., Cullum N, Nelson EA, Dumville JC. Compression for venous ulcers Management of Varicose Veins, Fam Physician. 2008 Dec 1; 78(11):1289-1294

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The decision for Sequential Compressions Pump is medically necessary. The Official Disability Guidelines for lymphedema pumps states that it is recommended for home use as an option for the treatment of lymphedema after a four week trial of conservative medical management that includes exercise, elevation and compression garments. The clinical documentation submitted for review does provide evidence that the injured worker has had more than a 4 week trial of conservative medical management and the treatment with compression garments. Therefore, this request is medically necessary.