

<b>Case Number:</b>	CM13-0031972		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	05/17/2008
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Rehab, 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:

The injured worker is a 30-year-old male who reported an injury on 05/17/2008. The mechanism of injury was not submitted for review. The injured worker has diagnosis of cephalgia, also cervical spine and lumbar spine sprain/strain, tendinitis, status post fracture with open reduction internal fixation, and status post open reduction fixation of the right tibia with complete muscle atrophy. Past medical treatment consists of surgery, therapy, psych evaluations, pain management, weight loss program, compression stockings, and medication therapy. No diagnostics were submitted for review. On 08/12/2013, the injured worker complained of low back pain. Physical examination revealed tenderness and pain. Flaccid right upper extremity, swelling and edema, right arm brace, lumbar spine scar of surgery, and limited range of motion. The injured worker ambulated with cane. Medical treatment plan is for the injured worker to have use of an arm brace, wheelchair, and compression stockings. 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:

**Arm brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand

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

**Decision rationale:** The request for arm brace is not medically necessary. According to the ODG, durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). The term DME is defined as equipment which: can withstand repeated use, could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and/or is appropriate for use in the patient's home. The submitted documentation did not indicate a rationale for the request of an arm brace. It is unclear how an arm brace would be beneficial to the injured worker. The injured worker had complaints of back pain. There was no documented evidence in the report indicating that the injured worker had arm pain. Given the above, medical necessity of an arm brace has not been established. As such, the request is not medically necessary.

**Wheel chair (unspecified if for purchase or rental):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg, Compression Garments.

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

**Decision rationale:** The request for wheel chair (unspecified if for purchase or rental) is not medically necessary. According to Official Disability Guidelines, wheelchairs are recommended if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. The submitted documentation did not provide a rationale to warrant the necessity of a wheelchair. It was noted in the submitted documentation that the injured worker was ambulating with a cane. Guidelines state that wheelchairs are recommended when patients are unable to move around. Given the above, the medical necessity for a wheelchair cannot be established. As such, the request is not medically necessary.

**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 (ODG); Knee & Leg, Compression Garments.

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

**Decision rationale:** The request for compression stockings is not medically necessary. According to the Official Disability Guidelines, compression garments are recommended. Good evidence for the use of compression is available, but little is known about dose symmetry and compression, for how long and at what level compression should be applied. Research studies show that there is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome after first time proximal deep vein thrombosis. The findings of the study do not support routine wearing of elastic compression stockings after deep vein thrombosis (DVT). Post-thrombotic syndrome (PTS) is a chronic disorder affecting 40 to 48% of patients during the first 2 years after acute symptomatic DVT. The submitted documentation did not indicate that the injured worker was at risk for DVT, nor was there any indication of the injured worker having PTS. Additionally, there was no rationale submitted to warrant the request. Furthermore, it is unclear how the provider feels compression stockings would be beneficial to the injured worker. Given the above, medical necessity cannot be established. As such, the request is not medically necessary.