MAXIMUS Federal Services

Case Number:	CM15-0019492		
Date Assigned:	02/09/2015	Date of Injury:	08/05/2013
Decision Date:	04/03/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old who reported injury on 08/05/2013. The mechanism of injury was not provided. She was diagnosed with left knee chondromalacia. Past treatments were noted to include medications and bracing. Her diagnostic studies included a diagnostic ultrasound dated 10/02/2014 which revealed no evidence of deep vein thrombosis in the left lower extremity. On 10/10/2014, the injured worker went in for a follow-up visit. It was noted she recently underwent a venous ultrasound of the left leg which revealed normal findings, ruled out deep vein thrombosis. It was noted the injured worker continued to have swelling in the left knee that was secondary to chondromalacia. She was currently wearing a Thompson brace to assist in ambulation. On physical examination of the left knee, she was noted to have swelling and tenderness over the anterior aspect characteristic of chondromalacia of the patella. Current medications were noted to include Norco 10/325 mg. The treatment plan was noted to include a request for a TENS unit, prescription of Norco and a follow-up appointment. A request was submitted for One (1) custom decompression stockings for legs; however, the rationale was not provided. A Request For Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) custom decompression stockings for legs: 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 and Leg.

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: The request for One (1) custom decompression stockings for legs is not medically necessary. The Official Disability Guidelines recommend garments as there is good evidence for use of compression. Low levels of compression 10-30 mmHg applied by stockings are effective in management of telangiectasis after sclerotherapy, varicose veins and pregnancy, the prevention of edema and deep vein thrombosis. The clinical documentation submitted for review indicated that the injured worker had diagnostic ultrasound on 10/02/2014 which revealed no deep vein thrombosis as indicated for the use of stockings. As there is no evidence of a deep vein thrombosis, the request would not be supported. As such, the request is not medically necessary.