

Case Number:	CM15-0131589		
Date Assigned:	07/17/2015	Date of Injury:	06/01/2013
Decision Date:	08/14/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/07/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 62 year old male patient who sustained an industrial injury on 06/01/2013. An operative report dated 06/10/2015 reported the patient having undergone an arthroscopic left partial medial meniscectomy, chondroplasty. A progress note dated 02/27/2015 reported subjective complaint of having pain mostly when ambulating and he will continue with therapy program. A first report of illness dated 01/19/2015 reported the patient with subjective complaint of having neck pain, low back pain radiating to the bilateral lower extremities; left shoulder pain, and left knee pain. The patient was diagnosed with the following: cervical spine musculoligamentous strain/sprain; lumbar spine musculoligamentous strain/sprain with bilateral lower extremity radiculitis, left sacroiliac joint strain, degenerative scoliosis, retrolisthesis of L4 on L5 and moderate multi-level spondylosis per radiography study on 01/19/2015; left shoulder periscapular strain/tendonitis/impingement/partial supraspinatus tear, labral tear, moderate acromioclavicular osteoarthritis, bone spur of the medial inferior humeral head and bone island at the humeral head; left knee sprain with patellofemoral arthralgia, medial meniscus tear and medial plica syndrome, and thoracic spine and bilateral wrists/hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op transportation to appointments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute LLC; Corpus Christi, TX; www.odg-twc.com Section: Knee & Leg (Acute & Chronic) (updated 05/05/2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Transportation (to & from appointments) <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Transportation (to & from appointments) "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice". There is no documentation that the patient is unable to use public transportation safely and independently to attend his medical appointments. Therefore, the request for Post op transportation to appointments is not medically necessary.

Post op DVT Compression Home Unit with Bilateral Calf Sleeve (30 day 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 Venous Thrombosis Updated May 4 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Compression Garments, <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, compression garments "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 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. (Parsch, 2008) (Nelson-Cochrane, 2008) See also Lymphedema pumps; venous thrombosis. Recent research: There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). The findings of this study do not support routine wearing of elastic compression stockings (ECS) after DVT. PTS is a chronic disorder affecting 40%-48% of patients during the first 2 years after acute symptomatic DVT. The American College of Chest Physicians currently recommends wearing compression stockings with 30-40 mm Hg pressure at the ankle for 2 years to reduce the risk of developing PTS, but the data supporting this recommendation are inconsistent, and come

from small randomized trials without blinding. This high quality double-blind randomized trial compared compression stockings to sham stockings (without therapeutic compression) in 806 patients with proximal DVT and concluded otherwise. (Kahn, 2014) There is no documentation from the patient's chart that he is at high risk of deep venous thrombosis. Therefore, the request for Post op DVT Compression Home Unit with Bilateral Calf Sleeve (30-day rental) is not medically necessary.