

Case Number:	CM15-0148821		
Date Assigned:	08/11/2015	Date of Injury:	06/10/2012
Decision Date:	09/09/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/30/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 39-year-old female who sustained an industrial injury on 6-10-12. She had complaints of right knee and right ankle pain. Treatments include medication, physical therapy and injections. Progress report dated 5-8-15 reports continued complaints of right knee pain that is worse with prolonged walking and standing. Diagnoses include pain in lower leg joint, lumbar disc displacement without myelopathy, lumbar sacral degeneration and sprains and strains of the neck. Plan of care includes: discontinue ambien, scheduled for surgery to repair torn meniscus on 5-22-15, change from ambien to rozerem for insomnia, refill medications, and request for transportation to and from her procedure. Work status: sedentary work with allowance to sit and stand as needed for pain and be allowed to take 10-minute breaks every hour. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic Compression Device x 1 (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, 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) knee chapter and pg 17, 68.

Decision rationale: According to the guidelines, pneumatic compression may be used after acute injury for wound healing and to reduce edema. Compression garments are recommended however, but length of amount of treatment is not well established. In this case, the injury is chronic. For compression cryotherapy, the recommended length of time is 7 days post-operatively. In this case, the amount of time requested exceeds the length recommended by the guidelines. The pneumatic compressions requested for 1 month is not medically necessary.

Pneumatic Compression Half Leg Wrap right and left (purchase): 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, 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) knee chapter and pg 17, 68.

Decision rationale: According to the guidelines, pneumatic compression may be used after acute injury for wound healing and to reduce edema. Compression garments are recommended however, but length of amount of treatment is not well established. In this case, the injury is chronic. For compression cryotherapy, the recommended length of time is 7 days post-operatively. In this case, the amount of time requested exceeds the length recommended by the guidelines. The pneumatic compressions requested for purchase implies indefinite use and is not medically necessary.