

<b>Case Number:</b>	CM15-0194139		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	03/01/1987
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Texas, 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 76 year old male who sustained an industrial injury on 03-01-1987. Medical records indicated the worker was treated for lumbar sprain with multilevel stenosis, lumbar degenerative disc disease-degenerative joint disease with radiculopathy, lumbar disc fusion (1973) and chronic pain. In the provider notes of 09-30-2015, the worker is seen in follow-up of multiple conditions status post "extensive thoracolumbar fusion" (two back surgeries 03-25-2014, and 05-19-2015), with left lower extremity numbness, tripping and falls. He also has 2+ lower extremity swelling and complains of episodes of sharp electric-like deep pain down the left lower extremity. His medications include Primidone, Norco, Cymbalta, Triamterene, Tamsulosin, Toprol XL, and Lyrica. There is ongoing mid and low back and mid upper back pain. There is no complaint of loss of bowel or bladder control, unusual bruises, rashes or vomiting. On exam, he has a well-healed thoracolumbar midline surgical scar without tenderness. Hips flex 90 degrees sitting. There is tenderness to both knees secondary to banging into objects and falling. He has history of multiple joint replacements, including knees. There is 2++edema bilaterally in the lower extremities, tibias and ankles. He has extensive dressings over the left arm and somewhat right arm that are clean without evidence of infection. These wounds were consistent with falling. The plan of care included requests for a J boot compression device as part of his treatment for lower extremity edema. The patient had venous study on 9/9/15 that revealed competent valve in lower extremity. The patient had venous stasis since thoraco lumbar surgery. The patient had used stocking compression devices which are uncomfortable. The patient had brawny changes in lower extremity with pitting edema due to obstruction of venous drainage and not due to DVT or cardiac etiology.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Intermittent pneumatic compression J-Boot for the bilateral lower extremities: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Knee & Leg (Acute & Chronic)  
[http://www.aetna.com/cpb/medical/data/500\\_599/0500.html](http://www.aetna.com/cpb/medical/data/500_599/0500.html)-Intermittent Pneumatic Compression Devices.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Vasopneumatic devices, Knee & Leg (updated 07/10/15), Compression garments.

**Decision rationale:** ACOEM and CA MTUS chronic pain guidelines do not address this request. Therefore ODG was used. Per the cited guidelines vasopneumatic device is "Recommended as an option to reduce edema after acute injury." In the provider notes of 09-30-2015, the worker is seen in follow-up of multiple conditions status post "extensive thoracolumbar fusion" (two back surgeries 03-25-2014, and 05-19-2015), with left lower extremity numbness, tripping and falls. He also has 2+ lower extremity swelling and complains of episodes of sharp electric-like deep pain down the left lower extremity. There is 2++edema bilaterally in the lower extremities, tibias and ankles. The patient had venous study on 9/9/15 that revealed competent valves in the lower extremity. The patient had venous stasis since thoraco lumbar surgery. The patient had used stocking compression devices which are uncomfortable. Per the notes, the patient had changes in lower extremity with pitting edema due to obstruction of venous drainage and not due to DVT or cardiac etiology. The patient had bilateral pitting edema that would be benefited with intermittent pneumatic compression J-Boot for the bilateral lower extremities. The request for intermittent pneumatic compression J-Boot for the bilateral lower extremities is medically necessary and appropriate for this patient at this time.