

Case Number:	CM15-0028604		
Date Assigned:	02/20/2015	Date of Injury:	07/25/2008
Decision Date:	04/03/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/17/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 47 year old male, who sustained an industrial injury on 7/25/08. He has reported pain in the right hip and knees related to a fall. The diagnoses have included diabetes, lumbar spasms, hip joint replacement, history of hip prosthetic infection and neuropathic pain right thigh. Treatment to date has included EMG/NCV studies, x-rays and oral medications. As of the PR2 dated 12/18/14, the injured worker reports significant pain in the right hip that radiates to the right thigh. The treating physician noted the injured worker's height 6'9 and weight 442lbs. The treating physician requested bilateral compression stockings x 2 pairs. On 1/19/15 Utilization Review non-certified a request for bilateral compression stockings x 2 pairs. The utilization review physician cited Cigna Government Services, Region D DMERC, Local Medical Review Policy. On 1/22/15, the injured worker submitted an application for IMR for review of bilateral compression stockings x 2 pairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Compression Stockings x 2 pairs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna Government Services, Region D DMERC, Local Medical Review Policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg, Compression garments.

Decision rationale: 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. In this case, there is no documentation that the patient has had sclerotherapy, healing leg ulcers, or post-thrombotic syndrome or is at risk for DVT. There is no indication for the compression stockings. The request should not be authorized.