

Case Number:	CM15-0053122		
Date Assigned:	03/26/2015	Date of Injury:	05/23/2014
Decision Date:	07/07/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/20/2015

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, Pain Management

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 59 year old male, who sustained an industrial injury on 05/23/2014. He has reported injury to the left knee. The diagnoses have included left knee sprain; left knee osteoarthritis degenerative joint disease, knee; left knee meniscus tear; and chondromalacia of patella. Treatment to date has included medications, diagnostics, bracing, cortisone injection, physical therapy, and independent exercise program. Medications have included Tramadol and Diclofenac. A progress note from the treating physician, dated 12/04/2014, documented a follow-up visit with the injured worker. The injured worker reported that he had a recent cortisone injection; the injection helped for the first few days; and now the pain has returned back to its baseline level that existed prior to the injection. Objective findings included decreased range of motion of the left knee; tenderness about the parapatellar region and lateral joint line; gait reveals a limp favoring the left side; and radiographs of the knee revealed significant degenerative changes in the patellofemoral compartment. The treatment plan has included left total knee arthroplasty. Request is being made for Active Care SFT portable compression device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Active Care SFT Portable Compression Device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg, 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 & Leg, Compression Garments.

Decision rationale: Regarding the request for Active Care SFT Portable Compression Device, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states 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. Within the medical information made available for review, there is no documentation of symptoms and findings consistent with a condition compression stockings are indicated for. Additionally, if this is a request for postsurgical DVT prophylaxis, guidelines do not support the use of open-ended post surgical treatment, and there is no provision to modify the current request. In the absence of such documentation, the currently requested Active Care SFT Portable Compression Device is not medically necessary.