

Case Number:	CM15-0085122		
Date Assigned:	05/07/2015	Date of Injury:	01/03/2009
Decision Date:	06/19/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/05/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 was a 31-year-old male who was injured on January 3, 2009. The injured worker was a tow truck driver, while hooking up a truck to another vehicle the injured worker was struck by another vehicle. The injured worker sustained facial injuries, cervical spine injuries, dental injury, right lower leg injury and spinal cord contusion. The injured worker previously received the following treatments inpatient physical therapy, cervical spine x-rays, cervical spine CT scan, cervical collar, 2009 removal of external fixator removed short cast applied, incision and drainage of right leg wound, urological consultation, random toxicology laboratory studies, Levitra, Lyrica, Norco, Ibuprofen, Butrans Patch, Topamax, Celebrex, Colace, approximately 16 surgeries to the right lower extremity. The injured worker was diagnosed with dislocation of the right knee, internal derangement of the right knee, fracture of the right shaft tibia closed and depressive disorder. According to progress note of March 19, 2015, the injured workers chief complaint was right lower extremity pain. The injured worker rated the pain 2 out of 10 with medications. The injured worker report increased swelling of the right lower extremity with activity. The injured worker reported that Celebrex assisted with the swelling in the past, however ineffective at this time. The injured worker rated the pain without medications as 9 on a scale of 1 to 10. The injured worker had good sleep quality. The physical exam noted tenderness of the paracervical muscles and trapezius. The right knee had restricted range of motion due to pain. The right ankle revealed swelling. There was right lower leg edema was appreciated as well as anatomic deformity. The treatment plan included one jobe stocking with compression machine for right lower leg swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Jobe stocking with compression machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Leg section, lymphedema pump, compression garment.

Decision rationale: Pursuant to the Official Disability Guidelines, one Jobe stocking with compression machine is not medically necessary. Compression garments are recommended. There is good evidence for the use of compression available, but little is known about dosimetry and compression, for how long and at what level compression should be applied. There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal DVT. The findings of this study do not support routine wearing of elastic compression stockings after DVT. A lymphedema pump is recommended as a home option for the treatment of lymphedema after a four-week trial of conservative medical management includes exercise, elevation and compression garments. In this case, the injured worker's working diagnosis is pain in joint lower leg. The injured worker sustained leg trauma and underwent a rod assessment with possible removal. The injured worker has persistent right leg swelling (as a result of surgery). The treating provider requested H Wave unit trial to increase blood flow and lymph flow and improve oxygen supply to the right lower extremity. This was denied. The Jobe stocking is recommended. The guidelines do not recommend a compression machine as a home option until the results of a four-week conservative medical management trial with exercise, elevation and compression garments is documented. Consequently, absent a four-week conservative medical management trial with compression garments (no concurrent indication for jobe stocking and compression machine concurrently prior to the trial), one Jobe stocking with compression machine is not medically necessary.