

Case Number:	CM15-0085752		
Date Assigned:	05/08/2015	Date of Injury:	11/04/2013
Decision Date:	06/09/2015	UR Denial Date:	04/21/2015
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: North Carolina, Georgia
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:

This 46-year-old man sustained an industrial injury on 11/4/2013 after a metal bar from a gate fell on his left foot. He received immediate medical attention including x-rays, wound care, medications, crutches, and a surgical shoe. Diagnoses include acute trauma tot eh left foot and ankle, three phalanx fractures with one still remaining, crush injury involving toes, neuropraxia involving left foot, left transmetatarsal and ankle swelling, and neurogenic symptoms from arch to ball of foot. Treatment has included oral and topical medications, wound care, immobilization, foot braces, and compression of swelling, bone stimulator, and orthopedic shoes. Physician notes dated 3/27/2015 show continued foot and ankle pain. Recommendations include new compression hose, exercise program, sedentary position for return to work, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Compression stockings x 5 pairs: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Lower leg, Compression garments.

Decision rationale: Recommended: Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. 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. (Partsch, 2008) (Nelson-Cochrane, 2008) See also Lymphedema pumps; venous thrombosis. Recent research: There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). The findings of this study do not support routine wearing of elastic compression stockings (ECS) after DVT. PTS is a chronic disorder affecting 40%-48% of patients during the first 2 years after acute symptomatic DVT. The American College of Chest Physicians currently recommends wearing compression stockings with 30-40 mm Hg pressure at the ankle for 2 years to reduce the risk of developing PTS, but the data supporting this recommendation are inconsistent, and come from small-randomized trials without blinding. This high quality double-blind randomized trial compared compression stockings to sham stockings (without therapeutic compression) in 806 patients with proximal DVT and concluded otherwise. In this case, there is supporting evidence in the medical record that the use of compression stockings will help control peripheral edema related to the worker's injury but no rationale for a need for 5 pairs for stockings. The original UR decision modified the request to allow two pairs of stockings. Percentage pairs of compression stockings are not medically necessary and the original UR decision is upheld. This request is not medically necessary.

Purchase of Terocin Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), topical compounded medications and on the Non-MTUS Food and Drug Administration.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Terocin patches contain both lidocaine and menthol. Menthol is not a recommended topical agent. As such, Terocin cream is not medically necessary and the original UR decision is upheld. This request is not medically necessary.

