

<b>Case Number:</b>	CM15-0087636		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Preventive Medicine, Occupational 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 52 year old male, who sustained an industrial injury on 7/10/14. He reported a right ankle and left knee injury after falling 20 feet. The injured worker was diagnosed as having distal tibial pilon fracture, left knee contusion and current left knee meniscus tear. Treatment to date has included 6 sessions of physical therapy of left knee and 12 sessions of physical therapy for right ankle, oral medications and home exercise program. X-ray of serial right tib fracture revealed distal tibial fracture with interval healing and stable alignment. (MRI) magnetic resonance imaging of left knee performed on 3/2/15 revealed mild degenerative arthritis of knee and flap tear in posterior horn and posterior horn body junction of medial meniscus. Currently, the injured worker complains of right knee and left ankle pain rated 3/10. Physical exam noted non-antalgic gait, tenderness of left knee anterior, medial joint line and lateral joint line with palpation and tenderness to right ankle on palpation. A request for authorization was submitted for left knee arthroscopic surgery, post-operative left knee physical therapy, crutches and compression stocking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Crutches, left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC), Online edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter/Walking Aids Section.

**Decision rationale:** MTUS guidelines do not address the use of walking aids for knee injury, therefore, other guidelines were consulted. Per the Official Disability Guidelines, walking aids are recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. Assistive devices for ambulation can reduce pain associated with OA. This request is for the post-surgical use of crutches. The surgical procedure in question has not been approved to date, therefore, the request for crutches, left knee is determined to not be medically necessary.

**Compression stocking, left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC), Online edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter/Compression Garments Section.

**Decision rationale:** The MTUS guidelines do not address the use of compression stockings for knee pain, therefore, other guidelines have been consulted. Per the official disability guidelines, compression garments are 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. This request is for the use of post-surgical compression stockings. The request for knee surgery has not be approved to date, therefore, the request for compression stocking, left knee is determined to not be medically necessary.