

Case Number:	CM14-0093493		
Date Assigned:	07/25/2014	Date of Injury:	05/19/2010
Decision Date:	09/22/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/19/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 52-year-old gentleman was reportedly injured on May 19, 2010. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated April 17, 2014, indicates that there are ongoing complaints of right elbow pain, right knee pain, low back pain, sleep deprivation, stress, anxiety, and depression. The physical examination demonstrated slightly decreased lumbar spine range of motion and a positive straight leg raise test on the right-sided 35 . There was a normal lower extremity neurological examination. Examination the right knee noted tenderness at the medial and lateral joint line as well as at the patella. There was a positive McMurray's test and varus stress test. Diagnostic imaging studies of the lumbar spine revealed loss of disc height and disk desiccation at L4/L5 and a broad-based disc bulge abutting the anterior thecal sac at L5/S1. Previous treatment includes a lumbar spine surgery which at that time was scheduled for May 15, 2014. A request was made for a one-month rental of a DVT/cold therapy compression unit and a two month rental of an inferential unit with garment for postoperative use and was found to be not medically necessary in the pre-authorization process on May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month rental of DVT/Cold Therapy Compression Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline, Cinahl and The Cochrane Library.

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, Compression Garments, Updated August 25, 2014.

Decision rationale: According to the Official Disability Guidelines there is inconsistent evidence for compression garments to prevent the formation of a deep vein thrombosis (DVT). Additionally, it is not stated that the injured employee will not be able to be ambulatory following surgery. For these reasons, this request for compression garments and a cold therapy unit is not medically necessary.

2 month rental of IF Unit with garment for post-op: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120 of 127.

Decision rationale: The California MTUS Guidelines do not support Interferential (IF) therapy as an isolated intervention. The guidelines will support a one-month trial in conjunction with physical therapy, exercise program and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. Review of the available medical records, fails to document any of the criteria required for an IF Unit one-month trial. Additionally, this request is for two months usage. As such, this request for the use of an inferential unit with garment for postoperative use is not medically necessary.