

Case Number:	CM13-0069944		
Date Assigned:	01/03/2014	Date of Injury:	02/26/2013
Decision Date:	04/06/2015	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/23/2013

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: Pennsylvania

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:

This 52-year-old male reported a work-related left elbow and knee injury on 02/26/2013 due to a fall. Diagnoses include left elbow medial humeral epicondylitis, right hand strain, left wrist internal derangement and left knee internal derangement. Evaluation has included MRI of the left knee, left wrist, and left elbow. Previous treatments include medications and physical therapy. At a visit on 9/3/13, the injured worker reported continued pain in the hands and knees, and examination showed tenderness of the right knee. Knee replacement surgery was noted to be scheduled for 9/30/13. A request for authorization on 9/3/13 was for hot/cold contrast system with DVT/compression unit described as a self-contained temperature controlled compression therapy system that provides continuous circulation of cold and heat to the injury site via electric pumps and body-part specific pad. Treatment for 30 minutes 3 times daily was noted with purchase of the unit. According to the PR2 dated 12/10/13, the injured worker reports pain in the left elbow, right hand, left wrist/hand and the bilateral knees. On exam there was swelling of the left posterior wrist/hand. The treating provider requests compression garment/compression pad. The Utilization Review on 12/04/2013 non-certified the request for compression garment/compression pad, citing CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPRESSION GARMENT/COMPRESSION PAD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

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, continuous flow cryotherapy.

Decision rationale: The MTUS is silent regarding compression garments and compression pads. Although not clearly discussed in the request for authorization and in the progress notes, the request for compression garment/compression pad appears to be related to a planned knee replacement surgery. The ODG states that compression garments are recommended for the management of telangiectases after sclerotherapy, varicose veins in pregnancy, and the prevention of edema and deep vein thrombosis (DVT). Compression cryotherapy, or continuous flow cryotherapy, is recommended as an option after surgery, for up to 7 days postoperative. Some randomized controlled trials have provided support for use of continuous flow cryotherapy after total knee arthroplasty. In this case, no end point of use was specified. The documentation did not provide sufficient information as to the reason for prescribing the compression garment/compression pad, the specific garment/pad to be used including whether or not this request was in fact related to the 9/3/13 request for authorization for a hot/cold system with DVT (deep venous thrombosis) compression unit, the site of application, and the duration of use. Due to lack of sufficient documentation of indication, type of product, site of application, and duration of use, the request for compression garment/compression pad is not medically necessary.