

Case Number:	CM14-0211326		
Date Assigned:	12/24/2014	Date of Injury:	10/01/2011
Decision Date:	02/19/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Physical Medicine & Rehabn

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 patient is a 48 year old female with an injury date of 10/01/11. Based on the 11/06/14 progress report provided by treating physician, the patient complains of pain, aching, and swelling in the left calf and ankle. Patient is status post motor vehicle accident in which her calf was pinned by a golf cart against a garage door, resulting in serious musculoskeletal injury in addition to significant sloughing of the skin on the calf, status post arthroscopic repair of left knee in 09/13. Physical examination dated 11/06/14 notes several well healed surgical scars on the left knee and well healed abrasions of the left calf, ankle edema. The patient's current medication regimen is not addressed. Diagnostic imaging included MRI of the left knee, dated 09/19/14, significant findings include: "Changes in the posterior horn of the medial meniscus as well as the anterior and posterior horns of the lateral meniscus, most likely degenerative... Evidence of degenerative joint disease." Patient has not worked since date of injury. Diagnosis 11/06/14- Left knee pain- Status post patellofemoral arthritis- Status post medial and lateral meniscal tears- Skin slough, right ankle- Rule out neuropathic injury, right footThe utilization review determination being challenged is dated 11/26/14. The rationale is: "a trial with a compressive stocking is medically reasonable for management of the edema. However, no documentation was provided to support the use of a stocking on the right leg. The request is modified accordingly."Treatment reports were provided from 08/13/14 to 11/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee High Support Stockings (2 pairs): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2014 (Knee)

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.

Decision rationale: The patient presents with pain, aching, and swelling in the left calf and ankle. The request is for KNEE HIGH SUPPORT STOCKINGS (2 PAIRS). Physical examination dated 11/06/14 notes several well healed surgical scars on the left knee and well healed abrasions of the left calf, ankle edema. The patient's current medication regimen is not addressed. Diagnostic imaging included MRI of the left knee, dated 09/19/14. Patient has not worked since date of injury. ODG guidelines, under Compression Garments, Knee and Leg chapter: "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." In regards to the request for compression stockings for the management of edema associated with this patient's left lower extremity, the request appears reasonable. While ODG does not address the number of stockings to be provided, a request of two pairs, in light of the patient's significant injury to the limb (which likely resulted in serious vascular and lymphatic compromise) could provide real benefits to the patient's pain and edema. This request IS medically necessary.