

Case Number:	CM14-0217039		
Date Assigned:	01/06/2015	Date of Injury:	11/16/2012
Decision Date:	03/05/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/29/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 28 year old man sustained an industrial injury on 11/16/2012. The mechanism of injury is not detailed. Treatment has included left inguinal herniorraphy on 7/12/2013, right inguinal herniorraphy on 2/14/2014 and oral medications. Physician notes from 12/2/2014 show continued complaints of intermittent bilateral groin pain which is worse on some days and when he is on his feet. He is using over the counter analgesia with relief at times. Pain rating is an average of 3-4/10. The worker has noted relief with sitting, heat, ice, laying down, and when applying pressure. Physical examination shows a 1 cm mass to the left groin with the possibility of it being a lymph node, and tenderness to palpation. An ultrasound was performed to the bilateral groin on 8/27/2014 and showed no recurrent inguinal hernia. Recommendations include Naproxen, Omeprazole, and compression shorts. It is of note that the worker continues to find another job that will cause less stress and pain to the bilateral groin sites. On 12/11/2014, Utilization Review evaluated a prescription for compression shorts. The UR physician noted that the worker has underwent bilateral inguinal hernia surgery. Non-operative treatment is advocated as the first type of intervention. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compression Shorts: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dahlquist U.S. Patent Office; Tyler, Rehabilitation and Return to Activity Following Sports Hernia Surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compression garments. <http://www.odg-twc.com/index.html>

Decision rationale: According to ODG guidelines, compression garments "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. (Kahn, 2014)"There is no clear evidence that the patient is at extra risk for DVT requiring the need for compression garment. Therefore, the request for compression shorts is not medically necessary.