MAXIMUS Federal Services

Case Number:	CM15-0111154		
Date Assigned:	06/22/2015	Date of Injury:	04/05/1994
Decision Date:	07/23/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/09/2015

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: Emergency 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 was a 55 year old male, who sustained an industrial injury, April 5, 1994. The injured worker previously received the following treatments Warfarin, compression hose to reduce swelling. The injured worker was diagnosed with deep vein thrombosis, left medial ankle, PIH venous stasis dermatitis, post phlebilic syndrome and life-long anticoagulant therapy. According to progress note of April 21, 2015, the injured worker's chief complaint was left ankle wound opened, now better and no swelling. The physical exam noted the left medial ankle, PIH venous stasis dermatitis. There was a pinpoint eschar which was dry. According to the progress note of May 26, 2015, compressive stocking waist belt costume fit belt to maintain venous health and not ulcerate the skin. The treatment plan included a full strength compressive stocking belt refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) full length comprehensive stocking belt refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Knee and Leg: Compression Garments.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines compression garments are recommended for individuals with venous stasis ulcers. Patient meets criteria for recommendation. Requested comprehensive stocking belt is medically necessary.