

Case Number:	CM15-0119217		
Date Assigned:	06/29/2015	Date of Injury:	05/30/2014
Decision Date:	07/28/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/19/2015

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: New Jersey, Alabama, 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:

The injured worker is a 40 year old male who sustained an industrial injury on May 30, 2014. He has reported pain in the right knee and has been diagnosed with right knee contusion with accompanying swelling and ecchymosis. Treatment included medications, medical imaging, brace, crutches, and physical therapy. There was significant swelling just below the patella. The inferior border of the patella could not be palpated due to swelling. The swollen area was tender and pain was elicited upon palpating the medial border of the patella. There was weakness at the knee joint approximately 3/5 and range of motion was slightly decreased about 20/30 on extension and about 100/135 on flexion. The treatment request included intermittent limb compression device and sagmetnal gradient pneumatic half leg, BLE.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent Limb Compression device, Qty 1 (retrospective DOS 1/15/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter - Lymphedema pumps.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Durable medical equipment (DME <http://www.odg-twc.com/index.html>).

Decision rationale: According to ODG guideline Durable medical equipment "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature." The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) There is no documentation of the goals from using a DME. There is no evidence of an increased risk for DVT. Therefore, the request for Intermittent Limb Compression device is not medically necessary.

Segmental Gradient Pneumatic Half Leg, Bilateral Lower Extremities, Qty 2 (retrospective DOS 1/15/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter - Vasopneumatic devices (wound healing).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Durable medical equipment (DME <http://www.odg-twc.com/index.html>).

Decision rationale: According to ODG guideline Durable medical equipment "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature." The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) There is no documentation of the goals from using a DME. There is no evidence of an increased risk for DVT. Therefore, the request for Segmental Gradient Pneumatic Half Leg, Bilateral Lower Extremities, Qty 2 (retrospective DOS 1/15/15) is not medically necessary.