

Case Number:	CM15-0041680		
Date Assigned:	04/09/2015	Date of Injury:	09/07/1999
Decision Date:	05/14/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/05/2015

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: Physical Medicine & Rehabilitation

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 66 year old male, who sustained an industrial injury on 9/07/1999. The injured worker was diagnosed as having lymphedema, radiculopathy, and sciatica. Treatment to date has included conservative measures, including lymphedema treatment, stockings, medications, and aquatic therapy. Currently, the injured worker complains of significant lymphedema. Previously, lymphedema treatment helped to keep the swelling under control. He was also using Elvarex stockings. It had been years since he got a stocking fit and he needed a new Elvarex stocking refit. He was diagnosed in the year 2000 to have right sided lymphedema, per the Agreed Medical Evaluation dated 5/11/2010. The treatment plan included a request for lymphedema treatment x12 and Elvarex stocking replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pair of Elvarez Compression Stockings: 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 & Leg (Acute & Chronic), Compression Garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee and leg chapter, compression garments.

Decision rationale: The patient was injured on 09/07/1999 and presents with lymphedema. The request is for 1 pair of Elvarex compression stockings. The utilization review denial rationale is that "Although the patient suffered from chronic lymphedema, there was no indication as to the necessity of the custom stockings over prefabricated stockings." The RFA is dated 02/23/2015, and the patient is permanent and stationary. 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 and 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 telangiectasias after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis. High levels of compression produced by bandaging and strong compression stockings, 30-40 mmHg, are effective at healing leg ulcers and preventing progression of postthrombotic syndrome as well as in the management of lymphedema." The reason for the request is not provided. The 01/09/2014 report states that the patient has lymphedema on the right leg, which is indicated by ODG Guidelines. Therefore, the request is medically necessary.