

<b>Case Number:</b>	CM15-0067589		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	05/29/1990
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 61 year old female sustained an industrial injury on 5/29/90. She subsequently reported back pain. Diagnoses include diabetes, neuropathy and chronic low back pain. Treatments to date have included x-rays, MRIs, back surgery, injections, therapy and prescription pain medications. The injured worker currently has complaints of nausea, chills and neuropathy. A request for compression stockings was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compression Stockings:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna Government Services, Region D DMERC, Local Medical Review Policy.

**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, Compression garments and Other Medical Treatment Guidelines Uptodate.com, Prevention of venous thromboembolic disease in medical patients.

**Decision rationale:** MTUS is silent concerning DVT prophylaxis. However, ODG writes regarding compression garments "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". Medical records do not indicate that the patient is undergoing management of lymphedema or post-thrombotic syndrome. UpToDate also writes, "Mechanical methods of thromboprophylaxis include intermittent pneumatic compression (IPC), graduated compression stockings (GCS), and venous foot pumps (VFP). Mechanical methods for the prevention of venous thromboembolism (VTE) are primarily indicated in patients at high risk of bleeding or in whom anticoagulation is contraindicated (e.g., gastrointestinal or intracranial hemorrhage)." The medical records do not indicate the patient at high risk of bleeding or indicate any contraindication of anticoagulation. Additionally, medical documentation provided does not indicate this patient has been diagnosed with lymphedema. As such, the request for Compression Stockings is not medical necessary at this time.