

<b>Case Number:</b>	CM15-0075773		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	11/02/1998
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 69-year-old male who sustained an industrial injury on 11/2/1998. His diagnoses include: crush injury to the leg, causing neuropathy; spine problems with lumbar degenerative disc disease and lumbago; paresthasias to the upper extremities from long-term use of crutches; shoulder pain; rotator cuff syndrome; bilateral carpal tunnel syndrome with right side release; cervical disc disease with fusion; and chronic pain syndrome. His treatments have included right wrist carpal tunnel release (2004); cervical fusion surgery; lower leg/ankle/toe surgery and long-term use of crutches; ankle brace; compression stockings; urine toxicology screenings; and pain management to include long-term use of Fentanyl patches. Progress notes of 3/2/2015 reported complaints that included numbness in the last two digits of both hands, low back pain, and numbness and burning in his feet. The history notes edema in the lower extremities. The physician's requests for treatments were noted to include a carton of ALPS donning lotions to assist him in donning his compression hose, which he needs for his lower extremities, to control edema.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Carton of alps donning lotions with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Pressure ulcer prevention and treatment protocol. Health care protocol. Bloomington (MN).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Compression Garment.

**Decision rationale:** The injured worker sustained a work related injury on 11/2/1998. The medical records provided indicate the diagnosis of crush injury to the leg, causing neuropathy; spine problems with lumbar degenerative disc disease and lumbago; paresthesias to the upper extremities from long-term use of crutches; shoulder pain; rotator cuff syndrome; bilateral carpal tunnel syndrome with right side release; cervical disc disease with fusion; and chronic pain syndrome. His treatments have included right wrist carpal tunnel release (2004); cervical fusion surgery; lower leg/ankle/toe surgery and long-term use of crutches; ankle brace; compression stockings; urine toxicology screenings; and pain management to include long-term use of Fentanyl patches. The medical records provided for review do not indicate a medical necessity for 1 Carton of alps donning lotions with 2 refills. The MTUS is silent on this, but the company website states "used sparingly to relieve dry, chapped skin conditions" used with gel (thermoplastic) liners, silicone liners, and Urethane liners. The MTUS is silent on compression garments; but the Official Disability Guidelines recommends their use in the management of healing leg ulcers and preventing progression of post-thrombotic syndrome, as well as in the management of lymphedema. The donning lotion is applied before the use of the compression garment. The MTUS recommends the physician plays the role of a case manager, and to do frequent follow of and monitoring of patients. This case manager role includes ensuring judicious use of resources and avoiding wastes. Therefore, the modification was appropriately done to reduce waste since additional prescription could be made on a return visit if it is determined necessary: the injured worker might not tolerate or might not like the lotion.