

<b>Case Number:</b>	CM13-0040502		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/09/2010
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in physical medicine and rehabilitation, and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is 54-year-old female who reported a work-related injury on 07/09/2010 after she fell on her right side and managed to break her fall by holding onto a table and the patient's left foot was twisted outwards. The patient has complaints of pain in her left foot, left knee, and lower back. The patient's diagnoses include closed fracture of metatarsal bone and pain in joint of lower leg and ankle and foot. A request has been made for below the knee elastic compression stockings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Below the knee elastic compression stockings:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; [www.odg-twc.com](http://www.odg-twc.com); Section: Knee & Leg

**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 Chapter, Compression garments

**Decision rationale:** The Physician Reviewer's decision rationale: The clinical documentation dated 06/10/2013 stated the patient reported her pain management was authorized and that she

had 1 visit left with a pain specialist who gave her a TENS unit. The patient complained her Tylenol No. 3 did not help and wanted to change this medication. The patient's symptoms of pain in her lower back and left lower extremity was the same as noted in the P&S report issued on 03/11/2013. The Official Disability Guidelines indicate that compression garments are recommended and are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, and the prevention of edema and deep vein thrombosis. There was no recent clinical documentation stating that the patient had swelling or edema in her lower extremities. There was no recent physical exam noted for the patient providing a rationale for the request of compression stockings for the patient. Therefore, the decision for below the knee elastic compression stockings is non-certified.