

<b>Case Number:</b>	CM13-0056613		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/14/2004
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/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:

This is a male patient with the date of injury of January 14, 2004. A utilization review determination dated October 29, 2013 recommends non-certification of purchase of orthopedic shoes and a pair of compressed thrombo-embolism deterrent (TED) hose for the right knee. The previous reviewing physician recommended non-certification of purchase of orthopedic shoes due to lack of documentation of complaints of the foot, ankle or any diagnoses related to orthopedic shoes and non-certification of a pair of compressed TED hose for the right knee due to lack of documentation of a diagnosis supporting this request. A Supplemental Report dated October 10, 2013 identifies diagnoses of status post right knee arthroscopy, right lower extremity neuropathic pain, lumbar myofascial pain, and status post right peroneal nerve decompression at the knee. The patient previously had a pair of compression stockings as well as orthopedic shoes; however these are worn and no longer functional. A Progress Report dated October 9, 2013 identifies Subjective Complaints of right knee pain radiating down his right leg. He indicates at times his right leg gives way, and he has fallen a few times. Objective Findings identify slight tenderness along the medial joint and lateral joint lines. Diagnoses identify status post right knee arthroscopy, right lower extremity neuropathic pain, psychological diagnosis, and status post right peroneal nerve decompression at the knee. Treatment Plan identifies he was provided with prescription refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of orthopedic shoes and a pair of compressed TED hose for the right knee:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Official Disability Guidelines (ODG), Knee & Leg, Foot wear and Compression Garments.

**Decision rationale:** Regarding the request for purchase of orthopedic shoes, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states footwear is recommended as an option for patients with knee osteoarthritis. Specialized footwear can effectively reduce joint loads in subjects with knee osteoarthritis, compared with self-chosen shoes and control walking shoes. Within the medical information made available for review, there is no documentation of symptoms and findings consistent with knee osteoarthritis. In the absence of such documentation, the current request for purchase of orthopedic shoes is not medically necessary. Regarding the request for a pair of compressed TED hose for the right knee, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states 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. Within the medical information made available for review, there is no documentation of symptoms and findings consistent with a condition for which compression stockings are indicated. In the absence of such documentation, the currently requested pair of compressed TED hose for the right knee is not medically necessary.