

Case Number:	CM14-0103808		
Date Assigned:	07/30/2014	Date of Injury:	05/26/2011
Decision Date:	09/25/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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 Internal Medicine 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:

The injured worker is a 58 year old male with industrial injury on 5/26/2011. The mechanism of injury is described as picking stock as a merchandiser while standing on his tip toes and felt a sharp pain in his heel and left ankle. He was last seen on 5/5/2014. The patient was six weeks post debridement of achilles tendon. Swelling over the surgical site was almost completely resolved. The plan of treatment included physical therapy, of which the patient had completed fourteen sessions and an Aircast Cam boot with transition to a regular shoe gradually. Imaging had been performed last in 5/2013 at which time a deltoid ligament partial tear that appeared chronic. There was also fusiform thickening of the Achilles tendon and arthritis at the tarso-metatarsal joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Compression Stockings: 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 Official Disability Guidelines (ODG) Knee and Leg, Compression Garments.

Decision rationale: Compression stockings are recommended for lymphedema and venous edema. Typical indications are varicose veins, sclerotherapy, venous insufficiency and pregnancy. Prevention of venous edema is a primary indication for compression stockings. The injured worker has almost complete resolution of post-operative edema documented on examination. So there is no indication for a compression stocking in terms of edema. Additionally, since the injured has no indications delineated above, the request is not supported by applicable cited guidelines and is not medically necessary.