

<b>Case Number:</b>	CM14-0012356		
<b>Date Assigned:</b>	05/30/2014	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Orthopedic Surgery, and is licensed to practice in Arizona. 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 58-year-old alleges a work-related injury on March 3, 2011. The patient sustained an injury to his left foot in 2005 while he was at work but did not report the injury and continued to work. He was treated by podiatrists and given orthotics for his shoes. In September 2010 while climbing steps he had a sudden increase in low back pain. In October 2011 he underwent left foot surgery and got 60% relief of pain but postoperatively developed a deep venous thrombosis (DVT). The patient currently complains of constant mid and low back pain, and bilateral hip pain. He also complains of leg, ankle and foot pain-right greater than left. He uses compression stockings daily on his left leg. He has poor tolerance for walking. He tends to lose his balance. Physical examination reveals severe hind/foot valgus on the right and mild hind/foot valgus on the left. He has diffuse tenderness to touch over both feet and weakness in the foot and ankle muscles. He also has moderate pes planus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3 PAIR KNEE HIGH COMPRESSION SOCKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Compression Garments.

**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 (for example Knee)>, compression garments.

**Decision rationale:** Compression stockings are not covered in the American College of Occupational and Environmental Medicine (ACOEM), but they are mentioned in the ODG guidelines. There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome after the first-time proximal DVT (deep vein thrombosis). The findings of a recent study do not support routine wearing elastic compression stockings after DVT. The American college of chest physicians currently recommends compression stockings with 30-40 mmHg pressure at the ankle for two years to reduce the risk of developing PTS (post-thrombotic syndrome) but the data supporting this conclusion is inconsistent. The patient's DVT occurred in 2011 so he is past the two-year mark. The request for three pairs of compression stockings is not medically necessary or appropriate.

**BILATERAL CUSTOM ORTHOTICS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) foot and ankle, orthotic devices, adult acquired flatfoot.

**Decision rationale:** The documentation is sparse as to the cause of the patient's foot pain. He has a significant heel valgus associated with a flatfoot. Is this an adult acquired flatfoot secondary to a breakdown of the posterior tibial tendon or is this a congenital or developmental flatfoot. Many factors will affect the type of orthotics the patient needs to control his pain. If this is an adult acquired flatfoot secondary to dysfunction of the posterior tibial tendon, there are multiple stages in the progression of this disease all of which require a different approach. Without further documentation as to the cause, severity, and progression of the patient's foot problem, the medical necessity of a specific type of orthotics has not been established. The request for bilateral custom orthotics is not medically necessary or appropriate.