

<b>Case Number:</b>	CM14-0019162		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	04/17/2010
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Occupational 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 applicant has filed a claim for chronic ankle and foot pain reportedly associated with an industrial injury of April 17, 2010. Thus far, the applicant has been treated with the following: analgesic medications; reported diagnosis of plantar fasciitis; and earlier tarsal tunnel release surgery. In a Utilization Review Report dated February 3, 2014, the claims administrator denied a request for a recovery or compression sleeve, stating that that the attending did not clearly state what the article in question was. The applicant's attorney subsequently appealed. A January 23, 2014 progress note was notable for comments that the applicant reported persistent ankle and foot pain with associated tenderness about the left fibula head and calcaneofibular ligament. The applicant was asked to obtain a recovery sleeve to help with cramping ankle and foot pain. An earlier handwritten note of December 26, 2013 was notable for comments that the applicant reported persistent left foot pain with associated swelling and pain about the foot with standing and walking. The applicant was described as working part time, four hours a day, and five days a week. On December 16, 2013, the applicant was described as carrying diagnoses of blunt trauma with crush injury to the foot, complex regional pain syndrome about the foot, had associated complaints of edema about the left foot as compared to the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RECOVERY/COMPRESSION SLEEVE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008)), pgs. 1044-1046, Table 14-6: Summary of Recommendations for evaluating and managing ankle and foot complaints, and Non-MTUS: Official Disability Guidelines (ODG), Ankle and Foot, Orthotic Devices.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Treatment Page(s): 40.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, edema control may also be required in the treatment of chronic regional pain syndrome, one of the diagnoses reportedly present here. In this case, the applicant has pain, swelling, and allodynia about the foot, all suggestive of chronic regional pain syndrome. Provision of a recovery or compression sleeve to treat the same is indicated and appropriate. Therefore, the request is medically necessary, on Independent Medical Review.