

Case Number:	CM14-0116211		
Date Assigned:	08/04/2014	Date of Injury:	12/13/2012
Decision Date:	09/25/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/24/2014

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 Family 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:

This is a 68 year old female patient who reported an industrial injury on 12/13/2012, 21 months ago, attributed to the performance of her customary job tasks. The patient is treating for the diagnoses of s/p surgical repair of the left ankle lateral ligaments; left ankle sprain/strain; healed tibial fracture, and left ankle instability. The patient was noted to have received treatment in the form of immobilization, decreased weight-bearing, physical therapy, and surgical intervention. On 11/8/2013, the patient underwent left ankle stabilization with fiber wire and application of posters splint. The patient underwent post operative rehabilitation physical therapy. The patient continued to complain of left ankle symptoms and persistence guard tissue adhesions. The patient was noted to have a decreased range of motion to the ankle with left ankle swelling, tenderness, scar tissue adhesions, full strength, and intact sensation. The treatment plan included knee-high compression hose to reduce swelling and increase circulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 pairs of knee-high compression hose: 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: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369; 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) foot and ankle chapter-physical therapy.

Decision rationale: There was no documentation by the treating physician of circulatory deficits. The swelling was localized to the surgical regions/scar and there was no evidence of generalized lower extremity dependent edema to support the medical necessity for compression stockings on both lower extremities. The patient had concerns about diffuse edema; however, there was no significant ankle edema upon examination. There was no provided rationale by the treating physician to support the medical necessity of the requested three (3) pairs of compression hose knee-high for the effects of industrial injury. It is not clear that the reported edema was due to postoperative issues or due to comorbidities of the patient. There is no demonstrated medical necessity for compression stockings for the objective findings documented, as there were no documented objective findings on examination consistent with the dependent edema. There is no demonstrated edema to the bilateral ankles. The edema can be managed by elevation and periodically getting off her feet. There is no demonstrated medical necessity for three (3) pairs of compression knee high stockings for the treatment of the effects of the industrial injury. There is no demonstrated medical necessity for prescription compression hose versus available hose over-the-counter. Therefore, the request is not medically necessary.