

Case Number:	CM14-0025408		
Date Assigned:	06/20/2014	Date of Injury:	06/24/2011
Decision Date:	08/08/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	02/28/2014

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:

Patient is a 47 year-old female with date of injury 06/24/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/30/2013, lists subjective complaints as a growth/lump on right foot. Patient underwent a right foot injection to break up ganglion cyst in October of 2013. Patient claims to have tolerated the injection well. Objective findings: Examination of the bilateral feet revealed tenderness to palpation of the dorsum of the forefoot on both the right and left. Diagnosis: Ganglion cyst bilateral feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT COMPRESSION STOCKING, BILATERAL LOWER EXTREMITIES QUANTITY 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Rest (RICE).

Decision rationale: The patient's diagnosis is ganglion cyst of bilateral feet. Compression is typically not a treatment for this condition. There is no explanation in the medical record by the requesting physician. The Official Disability Guidelines recommend compression for the first 24 hours for acute foot and ankle injury, with early mobilization encouraged. Durable medical equipment Compression Stocking for the Bilateral Lower Extremities quantity 2 is not medically necessary.