

<b>Case Number:</b>	CM14-0172238		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/20/2007
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 58-year-old woman who sustained a work-related injury on November 20, 2007. Subsequently, she developed chronic neck, back, shoulder, knee, and heel pain. According to a clinical note dated May 16, 2014, the patient reported neck and back pain rated at 3/10. In addition, she complained of shoulder pain and bilateral knee pain and heel pain rated at 3/10. The patient presented with moderate tenderness to the cervical and lumbar spine, with moderate spasms noted to the trapezius musculature. Cervical spine range of motion revealed flexion to 30 degrees, extension to 30 degrees, and lateral flexion and rotation to 60 degrees. The range of motion of the lumbar spine revealed flexion to 45 degrees, extension to 30 degrees, lateral flexion and rotation were within normal limits. In addition, both knees had moderate tenderness in the medial and lateral joint lines at the patellofemoral articulations. The patient presented with painful range of motion with limited flexion. Both feet had moderate tenderness to the medial plantar aspect in the area of the origin of the plantar fasciitis, which extends into the medial arch consistent with bilateral plantar fasciitis, right greater than left. The patient was diagnosed with non-traumatic rupture of Achilles tendon. The provider requested authorization for compression stockings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One 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 (ODG)

**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 stocking is indicated for deep venous thrombosis, edema and varicose vein. There is no documentation from the patient chart that the patient developed a condition requiring a compression stockings. The request for One Compression Stockings is not medically necessary.