

<b>Case Number:</b>	CM14-0189593		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	08/01/2004
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Practice, and is licensed to practice in Tennessee Maryland and Alabama. 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 injured worker is a 54-year-old male who reported injury on 08/01/2004. The mechanism of injury was crushing. His diagnoses included status post multiple procedures for crushed feet bilaterally, and diabetes. Past treatments have included greater than 25 surgical procedures, wound care, and pain medications. There were no imaging studies provided for review. The progress note, dated 11/20/2014, noted the injured worker had ankle joint swelling, toe joint stiffness, soft tissue pain in the toes, and localized soft tissue swelling in the foot. He also reported burning sensation in his toes with numbness. The injured worker was reported to have wounds to his bilateral feet, on the right greater than left side, and a new heel wound from shoe rubbing. The physical examination noted edema, normal capillary refill, no erythema or warmth of the ankles, painful range of motion, normal muscle tone and strength, and normal skin temperature. He was noted to have sensory exam abnormalities, and no purulent wounds. The wound assessment indicated the tissue surrounding the wound was erythematous and indurated, with infection. A lateral heel wound with 2 cm of localized edema was debrided down 0.5 cm in depth. The treatment plan recommended RYN brand rocker sole shoes every 60 days for 12 months, 1 pair of Aetrex extra large over calf size support socks every 60 days for 12 months, and 1 set of bilateral compression massagers for the legs and feet. The Request for Authorization Form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 set bilateral compression massagers for legs and feet: Overturned**

**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:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Center for Biotechnology Information, 2014, Compression Therapy in Diabetic Foot Ulcer Management. Retrieved online at <http://www.ncbi.nlm.nih.gov/books/NBK253659/>

**Decision rationale:** The request for 1 set bilateral compression massagers for legs and feet is medically necessary. The diabetic injured worker had wounds to his bilateral feet. The California MTUS/ACOEM Guidelines recommend pneumatic or pulse devices as an option to reduce swelling of the ankle and foot. More specifically, a randomized controlled trial was noted from the National Center of Biotechnology Information, to show that compressed air massagers improved clinical outcomes for patients with diabetic foot ulcers. There was a significant reduction in the time to healing, but not in the numbers receiving skin grafts or amputation rates. Significant reduction in edema was also noted. The evidence reported that foot compression, in addition to standard wound care, was more effective for healing of infected diabetic foot ulcers than standard care alone. As the injured worker had edema and diabetic foot ulcers, the use of bilateral compression massagers is indicated and supported by the evidence based guidelines and further randomized controlled research on diabetic ulcers at this time. Therefore, the request is medically necessary.

**1 pair Aetrix XL Over Calf Size 12-15 support socks 20-25mmHg black every 60 days for 12 months:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Compression garments.

**Decision rationale:** The request for 1 pair Aetrix XL over calf size 12-15 support socks 20-25mmHg black every 60 days for 12 months is not medically necessary. The diabetic injured worker has wounds to his bilateral feet. The Official Disability Guidelines indicate low levels of compression 10-30 mmHg applied by stockings are effective in the management of edema and deep vein thrombosis. High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as the management of lymphedema. As the evidence based guidelines recommend high levels of compression for healing ulcers, the use of lower level compression socks is not indicated or supported by the evidence based guidelines. Additionally, the request for a 12 month supply would not allow for the re-evaluation of the efficacy of the support socks. Therefore, the request is not medically necessary.

**1 pair RYN brand Rocker Sole Shoes every 60 days for 12 months: 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) Ankle & Foot, Orthotic devices.

**Decision rationale:** The request for 1 pair RYN brand rocker sole shoes every 60 days for 12 months is not medically necessary. The diabetic injured worker had wounds to his bilateral feet. The Official Disability Guidelines state rocker profile shoes are commonly prescribed based on theoretical considerations with minimal scientific study and validation. Rocker profile shoes are used to afford pressure relief for the plantar surface of the foot. Although the use of these types of shoes may be helpful in preventing diabetic foot ulcers, the request for a new pair of shoes every 60 days for 12 months does not allow for re-evaluation of the efficacy of the shoe, and a new pair would not be indicated without the current pair being worn out or damaged. As such, the request is not medically necessary.