

Case Number:	CM15-0106194		
Date Assigned:	06/10/2015	Date of Injury:	06/22/2008
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old female, who sustained an industrial injury on 6/22/08. The injured worker has complaints of low back pain and bilateral hip pain. The documentation noted that examination of the lumbar spine revealed tenderness with spasm over the paraspinal muscles, straight leg-raising test was positive over the bilateral lower extremity with radiculopathy below the calf muscle, and range of motion was limited in all planes. Bilateral hip examination revealed tenderness over the bilateral gluteal muscles and the greater trochanteric region. The diagnoses have included plantar fascial fibromatosis; sprain of lumbar; sprains and strains of unspecified site of hip and thigh and enthesopathy of hip region. Treatment to date has included status post right total hip replacement performed on 10/6/14; home exercise program; ambulation aide; bracing; orthotics; physical therapy; rest; ice; non-steroidal anti-inflammatory drugs (NSAIDs); injections and norco. The request was for jobst stocking. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Jobst Stocking: 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), Knee &

Leg (Acute & Chronic) procedure summary online version, and Compression garments/stocking compression.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg chapter, Compression Garments.

Decision rationale: This patient presents with low back and bilateral hip pain, rated 6-9/10. The request is for a REPLACEMENT OF JOBST STOCKING. The provided RFA is dated 05/13/15 and the date of injury is 06/22/08. The diagnoses have included plantar fascial fibromatosis; sprain of lumbar; sprains and strains of unspecified site of hip and thigh and enthesopathy of hip region. Per 05/13/15 report, physical examination of the bilateral hips revealed tenderness to palpation and decreased range of motion. Flexion is at 45 degrees and extension is 15 degrees with a positive Faber's. Examination of the lumbar spine revealed tenderness with spasm over the paraspinal muscles, straight leg-raising test was positive over the bilateral lower extremity with radiculopathy below the calf muscle, and range of motion was limited in all planes. In addition, the bilateral feet have tenderness to palpation and the patient is diagnosed with plantar fascial fibromatosis. Treatment to date has included status post right total hip replacement performed on 10/6/14; home exercise program; ambulation aide; bracing; orthotics; physical therapy; rest; ice; nonsteroidal anti-inflammatory drugs (NSAIDs); injections and Norco. Current medications include Norco, Anaprox, and Nizatidine. The patient is temporarily very disabled. ODG guidelines, under Compression Garments, Knee and Leg chapter: "Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). 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 in the management of lymphedema." In the requesting progress report, 05/13/15, treater states the jobst stockings the patient currently has are "well-used and stretched out." The reports are hand-written and the exam shows only tenderness to palpation, hyperpronation and bilateral fasciitis. There is no mention of edema or swelling for which compression stockings are needed. The exam findings do not support fascial fibromatosis and the treater does not mention why compression stockings are needed. The request IS NOT medically necessary.