

Case Number:	CM14-0215402		
Date Assigned:	01/02/2015	Date of Injury:	07/25/2009
Decision Date:	02/25/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Texas, California
Certification(s)/Specialty: Family Practice

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 35 year old female patient who sustained a work related injury on 7/25/09. Patient sustained the injury when her right foot entered in golfer hole. The current diagnosis includes ankle sprain. Per the doctor's note dated 11/20/14, patient has complaints of pain and swelling in the right ankle. Physical examination of the ankle revealed swelling, tenderness on palpation over left ankle, abnormal painful ROM, no instability, normal strength and negative all special tests. The medication lists include naproxen, Ibuprofen, phentermine, and Celebrex. The patient has had an MRI of the right ankle on 9/28/12 that was normal. Diagnostic imaging reports were not specified in the records provided. The patient's surgical history include right ankle arthroscopic surgery on 3/15/12. She had received injection for this injury. The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic compression stockings 20-30 (mmHg), below knee, open toe: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute and Chronic)

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 (updated 02/05/15) Compression garments Ankle & Foot (updated 12/22/14) Rest (RICE)

Decision rationale: As per cited guideline "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... There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). The findings of this study do not support routine wearing of elastic compression stockings (ECS) after DVT." In addition, Rest (RICE) is "Recommended as indicated below. RICE (rest, ice, compression, elevation) is appropriate for first 24 hours for sprain/fracture. (Colorado, 2001) Rest and immobilization appear to be overused as treatment... The use of ice and compression, in combination with rest and elevation, is an important aspect of treatment in the acute phase of lateral ankle injury." Any evidence of acute phase of lateral ankle injury or sprain/fracture was not specified in the records provided. Any evidence of the sclerotherapy, varicose veins, edema and deep vein thrombosis (DVT) was not specified in the records provided. Any evidence of the leg ulcers, post-thrombotic syndrome and lymphedema was not specified in the records provided. Rationale for use of therapeutic compression stockings 20-30 (mmHg), below knee, open toe was not specified in the records provided. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for therapeutic compression stockings 20-30 (mmHg), below knee, open toe is not fully established in this patient.

Gradient stocking below knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

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 (updated 02/05/15) Compression garments Ankle & Foot (updated 12/22/14) Rest (RICE)

Decision rationale: As per cited guideline "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... There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis

(DVT). The findings of this study do not support routine wearing of elastic compression stockings (ECS) after DVT."In addition, Rest (RICE) "Recommended as indicated below. RICE (rest, ice, compression, elevation) is appropriate for first 24 hours for sprain/fracture. (Colorado, 2001) Rest and immobilization appear to be overused as treatment. ...The use of ice and compression, in combination with rest and elevation, is an important aspect of treatment in the acute phase of lateral ankle injury."Any evidence of acute phase of lateral ankle injury or sprain/fracture was not specified in the records provided. Physical examination of the ankle revealed no instability, normal strength and negatives all special tests and had normal MRI findings. Any evidence of the sclerotherapy, varicose veins, edema and deep vein thrombosis (DVT) was not specified in the records provided. Any evidence of the leg ulcers, post-thrombotic syndrome and lymphedema was not specified in the records provided. Rationale for use of Gradient stocking below knee was not specified in the records provided. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Gradient stocking below knee is not fully established in this patient.

Large ankle stabilizer lace up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic)

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 (updated 12/22/14) Bracing (immobilization)

Decision rationale: Per the ACOEM guidelines cited below "Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." As per cited guideline, bracing (immobilization) is "not recommended in the absence of a clearly unstable joint". Rationale for requesting large ankle stabilizer lace up was not specified in the records provided. Patient has received an unspecified number of physical therapy (PT) visits for this injury. Response to conservative treatment including PT and medication was not specified in the records provided. Response to 'off the shelf' arch support/ prefabricated orthotics is not specified in the records provided. Significant functional deficit that would require Large ankle stabilizer lace up was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for large ankle stabilizer lace up is not fully established for this patient.