

<b>Case Number:</b>	CM14-0074132		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	02/04/2008
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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: Pennsylvania  
 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:

The injured worker is a 60 year old male, who sustained an industrial injury on 2/4/08. He reported right ankle pain and swelling. Medical history includes diabetes and diabetic neuropathy. The injured worker was diagnosed as having an ulcer, dislocation, ankle sprain, and foot sprain. Treatment to date has included the use of a walker, orthopedic shoes, a Cortisone injection, and medications including Naprosyn, Tramadol, Flexeril, and Neurontin. Physical examination findings included a grade 0-1 Wagner ulcer with keratotic buildup and fissuring of the hallux with devitalized tissue requiring debridement and offloading. Currently, the injured worker complains of right ankle pain. The treating physician requested authorization for compression hosiery x5 pairs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compression Hosiery, five (5) pairs:** 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 and 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 and Leg/Compression Garments.

**Decision rationale:** Compression garments are recommended for the prevention of edema and DVT and are effective at healing leg ulcers. Compression hosiery is indicated in this case but the need for 5 pairs of stockings however has not been substantiated. Typically 2 pairs are given; one can be laundered while the other pair is worn. Therefore the request is not medically necessary.