

<b>Case Number:</b>	CM15-0012450		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	10/13/1997
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: 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 74-year-old male, with a reported date of injury of 10/31/1997. The diagnoses include status post split-thickness skin graft, low back pain, crush injury to the right foot and ankle, and chronic pain and swelling of the right ankle since 2013. Treatments have included split-thickness skin graft to right ankle, bone scan, bone density test, oral medication, an x-ray of the right ankle, which was negative for a fracture, an x-ray of the right foot, which showed moderate plantar calcaneal bone spur. The medical report dated 11/20/2014 indicates that the injured worker complained of pain and swelling of the right ankle, and low back pain with right lower extremity lateral thigh/calf and lateral ankle pain. The physical examination showed a mildly antalgic gait due to low back pain, negative bilateral straight leg raise test, negative bilateral dorsiflexion foot pain, negative bilateral sacroiliac joint tenderness, and intact sensation in the bilateral lower extremities. The treating physician requested a knee length compression hose, bilateral. On 12/30/2014, Utilization Review (UR) denied the request for one compression hose knee length for the right lower extremity, noting that there was no indication of any significant deficits as it related to the injured worker's right ankle and foot that would justify a compression hose. The ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One compression hose, knee length (medium compression 15-20mm/Hg) for the right lower extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Chapter, Compression garments.

**Decision rationale:** According to ODG, compression garments are recommended. ODG notes that low levels of compression 10-30 mmHg applied by stockings are effective in the prevention of edema and deep vein thrombosis (DVT). In this case, the injured worker has undergone multiple surgeries to the right foot and ankle. The injured worker has had chronic pain and swelling in the right ankle since November 2013. The request for one compression hose, knee length (medium compression 15-20mm/Hg) for the right lower extremity is medically necessary.