

Case Number:	CM15-0171917		
Date Assigned:	09/14/2015	Date of Injury:	01/17/2002
Decision Date:	10/19/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/01/2015

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: Emergency Medicine

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 68 year old male, who sustained an industrial injury on 1-17-02. Medical record indicated the injured worker is undergoing treatment for status post motor vehicle accident, critical illness neuropathy, leg length discrepancy, chronic lymphedema, hammertoe deformity, right lumbosacral plexopathy and diabetes. Treatment to date has included oral medications including Norvasc, Aspirin, Cozaar, Vitamin D, hydrochlorothiazide and Tramadol; and Insulin, compression stockings, diabetic shoes and activity restrictions. Currently on 8-6-15, the injured worker reports he is doing well and still has swelling in his lower extremities; he still requires TED hose, bilateral compression stockings with medial zipper and diabetic shoes with rocker sole. Physical exam performed on 8-6-15 revealed foot deformities, bilateral foot drop and swelling of lower extremities. On 8-12-15 a request for authorization was submitted for bilateral custom diabetic shoes with rocker sole, custom inserts and bilateral custom stockings. On 8-31-15, utilization review modified a request for bilateral custom shoes with rocker soles, right lift with custom inserts and bilateral custom stockings to bilateral custom shoes with rocker soles, right lift with custom inserts and standard compression stockings only noting there is no documentation supporting the need for bilateral custom stockings rather than standard compression stockings.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Custom Shoes with Rocker Soles, Right Lift with Custom Inserts 2 Pair,
Bilateral Custom Stockings: 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), Ankle and Foot chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle: Orthotic Device, Knee and Leg: Compression garments.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, orthotic devices may provide benefit this patient's foot deformity and foot drop. However, there is no indication for any custom compression stockings as opposed to generic compression stockings. Since one component of this request is not indicated, as per MTUS guidelines, the entire request is considered not medically necessary.