

Case Number:	CM13-0042879		
Date Assigned:	12/27/2013	Date of Injury:	11/13/2012
Decision Date:	05/06/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/21/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 34-year-old gentleman who was injured on November 13, 2012. The documentation indicates that the injury was to the left ankle and the patient required open reduction internal fixation. The medical records provided for review included a report dated December 5, 2013 that documented that the patient was status post a second surgical procedure for removal of hardware on September 10, 2013. The request for this review is for the retrospective use of a sequential compression device for the left foot and ankle from the date of surgery. The operative report from that date documented deep hardware was removed from both the tibia and fibula that included a plate and two screws.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DURABLE MEDICAL EQUIPMENT(DME) REQUEST FOR SEQUENTIAL COMPRESSION DEVICE FOR THE LEFT FOOT/ANKLE: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

(ODG)TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES:
FOREARM/WRIST/HAND PROCEDURE - VASOPNEUMATIC DEVICES

Decision rationale: The CA MTUS and ACOEM Guidelines do not address this request. Based upon the Official Disability Guidelines, the retrospective use of the vasocompressive device cannot be recommended as medically necessary. The records provided for review document hardware removal but do not document whether the claimant was placed in a non weightbearing status. The records also do not indicate why a more traditional form of compression such as application of ice or elevation could not have been used. The medical records also do not identify any risk factors for the claimant to experience a venothrombotic event. Given the lack of documentation of significant risk factors for the claimant to have a venothrombotic event and the nature of the surgical process in question, the specific request in this case would not be supported.