

Case Number:	CM14-0005297		
Date Assigned:	01/24/2014	Date of Injury:	09/24/2013
Decision Date:	06/10/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/14/2014

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. The expert reviewer is Board Certified in Internal Medicine Pulmonary Diseases, 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 injured worker is a 57 year old male who reported a twisting injury to his left ankle on 09/24/2013. The clinical note dated 01/13/2014 noted the injured worker had pain in the left ankle rated 5-6/10. The physical exam noted the injured worker had a well healed scar with pain at the end of the range of motion tests. The provider recommended the injured worker continue physical therapy. The request for authorization was not provided within the medical records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PURCHASE OF A PNEUMATIC COMPRESSION DEVICE FOR THE LEFT ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Vasopneumatic Devices.

Decision rationale: The request for retrospective purchase of a pneumatic compression device for the left ankle is not medically necessary. The Official Disability Guidelines recommend

vasocompression as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling. They may be considered necessary to reduce edema after acute injury. The injured worker was beyond the acute phase of post-operative healing. Within the medical records it was unclear when the compression device was utilized. Additionally, it was unclear if compression stocking and other forms of compression were utilized and found ineffective prior to the utilization of the pneumatic compression device. Request is not medically necessary.