

<b>Case Number:</b>	CM14-0008593		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine 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:

This is a 49-year-old male with a 7/27/11 date of injury. The exact mechanism of injury has not been described. On 11/25/13, it was documented that the patient is post-op after a right ankle surgery. He is 2 weeks out from the surgery and is non-weight bearing. Objective: moderate ankle joint swelling, trace edema. Diagnostic Impression: Ankle Injury. Treatment to date: s/p right ankle arthroscopic debridement and excision of the os trigonum, CAM walker, physical therapy, activity modification. A UR decision dated 1/16/14 denied the request for DVT/Intermittent compression device. The rationale for the denial was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DEEP VEIN THROMBOSIS (DVT)/INTERMITTENT COMPRESSION DEVICE, SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG X 2 (DOS: 11/12/13): 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 (Acute & Chronic), (updated 1219/13).

**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 Chapter: Vasopneumatic Devices.

**Decision rationale:** CA MTUS does not address this issue. ODG states that vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling; or for home-use as an option for the treatment of lymphedema after a four-week trial of conservative medical management that includes exercise, elevation and compression garments. However, the duration of time the patient is using the vasopneumatic device is not clearly documented. It is not noted whether this is strictly post-operative or if the patient is to have the device at home. The patient is noted to have trace edema on ankle examination on 11/25/13, two weeks post-operatively, but there is no discussion regarding a vasopneumatic device. There is no documentation that the patient is using compression stockings or elevation. Therefore, the request for Deep Vein Thrombosis (DVT) Intermittent Compression Device, Segmental Gradient Pressure Pneumatic Appliance, Half Leg x 2 is not medically necessary.