

Case Number:	CM14-0112505		
Date Assigned:	08/01/2014	Date of Injury:	03/07/2005
Decision Date:	10/15/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/18/2014

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 Family 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 64-year-old male who reported an industrial injury to the right ankle on 3/17/2005, attributed to the performance of his usual and customary job tasks. The patient is status post right ankle arthroscopy, exostectomy, dorsal naviculocuneiform during March 2014. The patient was diagnosed with posttraumatic arthritis of the right ankle and dorsal exostosis of the naviculocuneiform joint right along with diabetes mellitus. The MRI of the right ankle dated 8/24/2012, documented evidence of slightly thickened and heterogeneous plantar fascia with plantar fascial calcaneus per raises questions were planner fasciitis; mild to moderate Achilles tendinosis with partial longitudinal tear; postoperative changes in the medial ankle; probable sequela of anterior talofibular ligament sprain/partial tear. The patient was diagnosed with severe bilateral knee DJD; bilateral knee chondromalacia patella; bilateral ankle/foot arthralgia; planner fasciitis; and chondromalacia of the right ankle. The patient has been prescribed compound ketoprofen 20% cream; tramadol ER 150 mg; and a home exercise program. The patient was continued as permanent stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Segmental pneumatic appliance for the right ankle.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 57, 61, 65. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter; Venous Thrombosis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 300; 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter cold heat packs; continuous flow cryotherpay;

Decision rationale: There is no demonstrated medical necessity for the provision of the segmental pneumatic appliance purchase directed to the right ankle for home use. There is no demonstrated medical necessity for compression therapy post operatively for the prevention of DVT. The patient is noted to have had an initial DVT screening; however, there are no documented issues in the medical history of this patient to establish an increased risk for DVT in this patient in relation to the right ankle procedure. There is no rationale provided to support the medical necessity of the pneumatic compression devise over compression stockings or wrap for the right ankle procedure. The segmental pneumatic appliance is not medically necessary for the treatment of postoperative pain to the right ankle and alternatives for treatment of the ankle are readily available. The request for authorization of the segmental pneumatic appliance is not supported with objective medically based evidence to support medical necessity. There is no provided objective evidence to support the medical necessity of the segmental pneumatic appliance. The concurrent application of intermittent compression to prevent DVT is not demonstrated be medically necessary for the performed procedure. The requesting provider failed to provide a rationale supported with objective evidence to support medical necessity. As such, the request is not medically necessary.