

Case Number:	CM14-0155077		
Date Assigned:	09/25/2014	Date of Injury:	01/09/2013
Decision Date:	11/13/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/22/2014

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 Ohio. 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 46-year-old male with a date of injury of January 9, 2013. He inverted his right ankle and was subsequently found to have a closed distal fibular fracture. He was treated conservatively for nearly a year but had persistent edema, tenderness, diminished range of motion, and pain. An MRI scan showed a non-union and therefore he was taken to surgery. The surgery involved revision of the fibular fracture, repair of the talofibular ligament, debridement and repair of syndesmosis, and repair of the calcaneofibular ligament. His postoperative physical exam continued to reveal edema of the anterior ankle, tenderness to palpation, and diminished range of motion. The injured worker had been utilizing non-steroidal anti-inflammatory drugs (NSAIDs), a specialized boot, crutches, and a bone stimulator. The diagnoses include closed fracture of the fibula with non-union and tears of the calcaneofibular ligament and talofibular ligament.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for intermittent limb compression device with Venaflo calf cuff, 30-day rental, for date of service (DOS) 09/08/2014: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (updated 07/29/2014), Venous Thrombosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Vasopneumatic devices

Decision rationale: Vasopneumatic devices are recommended 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. Education for use of lymphedema pump in the home usually requires 1 or 2 sessions. Further treatment of lymphedema by the provider after the educational visits is generally not considered medically necessary. The treatment goal of vasopneumatic devices, such as intermittent compression therapy, is to reduce venous hypertension and edema by assisting venous blood flow back toward the heart. In this instance, the injured worker had persistent ankle edema for upwards of a year following a closed fibular fracture and surgery to repair. The initial injury was acute and therefore an intermittent limb compression device with Venaflow calf cuff for 30-day rental was medically necessary.