

Case Number:	CM14-0065076		
Date Assigned:	07/11/2014	Date of Injury:	01/24/2013
Decision Date:	09/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a right ankle work injury on 01/24/13 while working as a packer and wrapping a pallet load when she was walking backwards and tripped over another pallet and fell. Her right foot was stuck in the side of the pallet. She sustained a trimalleolar fracture. She underwent right ankle open reduction internal fixation surgery on 01/28/13 with revision of a nonunion of the fibula on 06/07/13. She was evaluated for physical therapy on 12/06/13. She had pain rated at 7/10. There was moderate ankle tenderness with decreased range of motion and strength. The assessment references edema although this is not documented in the physical examination or included as part of the treatment goals. On 01/03/14 she had increased pain, rated at 7-9/10. Weight bearing was causing pain and swelling. She was discharged after completing three treatment sessions on 02/17/14. She was having ongoing problems with weight-bearing, gait, and ankle swelling. She was seen by the requesting provider on 03/05/14 with ongoing right ankle symptoms. She was having difficulty with squatting and crouching and had ankle crepitus. There was decreased range of motion. There was a normal vascular examination. There was a well healed surgical incision. There was normal strength and a normal neurological examination without signs of reflex sympathetic dystrophy. There is no mention of any significant edema. Authorization for removal of the fixation hardware was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Limb Compression for the Right Ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The article "Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery".

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

Decision rationale: In terms of compression, Guidelines recommend compression in combination with rest, ice, and elevation for a limited period of time in the treatment of an acute ankle injury. In this case, neither the claimant's treating physician nor physical therapist document any physical examination findings of edema nor there is no identified acute injury. Therefore, Limb Compression for the Right Ankle is not medically necessary.