

Case Number:	CM14-0078454		
Date Assigned:	07/18/2014	Date of Injury:	10/28/2008
Decision Date:	09/18/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/28/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old male with a 10/28/08 date of injury. At the time (5/13/14) of request for authorization for one (1) pair of mobileg crutches and 21 day rental of V-pulse pneumatic compression unit, there is documentation of subjective (right ankle pain with swelling and instability) and objective (mild bulge in the legs, mild pronation of both feet, slight varus alignment of the right calcaneus relative to the weight-bearing axis, hypermobile first metatarsal, decreased right ankle range of motion with right ankle laxity, and tenderness to palpation over the right anterior talofibular ligament, anterior inferior talofibular ligament, and calcaneofibular ligament with crepitation) findings, current diagnoses (right ankle injury of grade 3 tear of the anterior talofibular ligament, possible grade 2 tear of the anterior syndesmosis, and grade 1 tear of the deltoid), and treatment to date (medications). In addition, medical report identifies a request for open repair of the ankle ligaments and a request for crutches and pneumatic compression post-operatively. Regarding one (1) pair of mobileg crutches, there is no documentation of a pending surgery that has been certified/authorized. Regarding 21 day rental of V-pulse pneumatic compression unit, there is no documentation of a pending surgery that has been certified/authorized and that the patient is at a high risk of developing venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) pair of mobileg crutches: 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 chapter.

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, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: MTUS does not specifically address this issue. ODG identifies that walking aids are recommended for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices. Within the medical information available for review, there is documentation of diagnoses of right ankle injury of grade 3 tear of the anterior talofibular ligament, possible grade 2 tear of the anterior syndesmosis, and grade 1 tear of the deltoid. In addition, there is documentation of a request for open repair of the ankle ligaments and a request for crutches post-operatively. However, given no documentation of a pending surgery, nor is there documentation of conditions causing impaired ambulation. Therefore, based on guidelines and a review of the evidence, the request for one (1) pair of mobile crutches is not medically necessary.

21 day rental of V-pulse pneumatic compression unit: 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 chapter.

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, Compression; Rest (RICE); Venous thrombosis.

Decision rationale: MTUS does not address this issue. ODG identifies that the use of ice and compression, in combination with rest and elevation, is an important aspect of treatment in the acute phase of lateral ankle injury. In addition, ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis as criteria necessary to support the medical necessity of periprocedure prophylactic measures. Within the medical information available for review, there is documentation of diagnoses of right ankle injury of grade 3 tear of the anterior talofibular ligament, possible grade 2 tear of the anterior syndesmosis, and grade 1 tear of the deltoid. In addition, there is documentation of a request for open repair of the ankle ligaments and a request for crutches post-operatively. In addition, there is no documentation that the patient is at a high risk of developing venous thrombosis. Therefore, based on guidelines and a review of the evidence, the request for 21 day rental of V-pulse pneumatic compression unit is not medically necessary.