

<b>Case Number:</b>	CM14-0080265		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Medicine and is licensed to practice in California and Nevada. 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 34 year old female whose date of injury is 02/01/2012. The mechanism of injury is kicking and fighting exercises with a heavy bag shaped like a dummy. The injured worker noted right ankle pain. She was subsequently diagnosed with a nondisplaced fracture of the distal tibia. The injured worker underwent right ankle surgery on 08/20/13. The injured worker was certified for removal of internal fixation of the right ankle in March 2014. Preoperative evaluation and diagnostic testing dated 04/23/14 were within normal limits. Office visit note dated 05/20/14 indicates that she is one-month status post removal of internal fixation. Diagnoses are status post fixation removal, painful gait, ankle instability secondary to fracture, and probable ligament tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aircast Venaflo elite pneumatic compression device for date of service 4/25/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

**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, Venous thrombosis.

**Decision rationale:** The injured worker underwent right ankle surgery on 08/20/13. The injured worker was certified for removal of internal fixation of the right ankle in March 2014. There is no indication that the injured worker was at risk for the development of deep venous thrombosis. Preoperative evaluation and diagnostic testing dated 04/23/14 were within normal limits. Therefore, medical necessity of the request cannot be established in accordance with the Official Disability Guidelines.