

<b>Case Number:</b>	CM14-0195017		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Interventional Spine 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:

The patient is a 27-year-old male with a date of injury of 09/20/2013. The listed diagnoses are: 1. Chronic ankle sprain, right. 2. Peroneal longitudinal splint tear, right. 3. Anterior ankle synovitis with ligament, right. According to progress report from 07/29/2014, patient had an ankle intraarticular injection on 07/01/2014, which provides 100% pain relief to the ankle. Since then, the pain has returned. The patient currently complains of lateral and anterolateral right ankle pain, made worse with activity and weight bearing and improved with rest. Physical examination noted occasional clicking, and the patient wears an ankle brace, needed for stability and support. Ankle joint range of motion is tender throughout and pain is noted at the anterior and anterolateral. Anterior drawer is positive for pain and mild anterior displacement of the talus. There is increased tenderness to palpation to the ATFL, CFL, and peroneal tendons where muscle strength is noted as approximately 4/5, and remaining quadrant muscle strength is noted as 5/5. Tenderness to the anterior aspect of the ankle and syndesmosis was noted. Patient's treatment history includes bracing, intraarticular injections, and medications. MRI of the right ankle from 06/24/2014 revealed possible partial tear of the peroneus longus tendon as it passes over the lateral aspect of the calcaneus. Moderate to large posterior subtalar joint effusion was noted. Treatment plan is for right ankle arthroscopy and peroneal tendon repair surgery. Utilization review indicates that request for right ankle arthroscopy and tendon repair was approved by previous review on 08/20/2014. This is a request for DVT, wraps, VascuTherm, and spring crutches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT; one day rental:** 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), Foot and Ankle

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter Under Venous Thrombosis.

**Decision rationale:** This patient presents with continued right ankle pain. The utilization review indicates that the patient was approved for right ankle arthroscopy and peroneal tendon repair on 08/20/2014. The current request is for DVT; one-day wrap. ODG guidelines, Knee & Leg chapter under venous thrombosis states, "Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis. Venothromboembolism (VTE) is an important condition in hospitalized patients accounting for significant morbidity and mortality. Those at high risk should be considered for anticoagulation therapy during the post-hospitalization period. (Yale, 2005) Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopedic surgery, according to a new study examining a potential role for aspirin in these patients. Patients who received aspirin had a lower VTE risk score than the patients who received warfarin. Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin patients should receive sequential compression as needed." The ODG guidelines recognize DVT risk factor for orthopedic surgery and hospitalization. In this case, recommendation cannot be made as the treating physician does not provide any risk factors for perioperative thromboembolic complications. This request is not medically necessary.

**DVT wraps:** 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), Foot and Ankle

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter Under Venous Thrombosis.

**Decision rationale:** This patient presents with continued right ankle pain. According to utilization review, request for right ankle arthroscopy and peroneal tendon repair was authorized on 08/20/2014. The current request is for DVT wraps. ODG guidelines, Knee & Leg chapter under venous thrombosis states, "Risk factors for venous thrombosis include immobility,

surgery, and prothrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis. Venothromboembolism (VTE) is an important condition in hospitalized patients accounting for significant morbidity and mortality. Those at high risk should be considered for anticoagulation therapy during the post-hospitalization period. (Yale, 2005) Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopedic surgery, according to a new study examining a potential role for aspirin in these patients. Patients who received aspirin had a lower VTE risk score than the patients who received warfarin. Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin patients should receive sequential compression as needed." The ODG guidelines recognize DVT risk factor as orthopedic surgery and hospitalization. In this case, recommendation cannot be made as the treating physician does not provide any risk factors for perioperative thromboembolic complications. This request is not medically necessary.

**Vascutherm; 30 day rental:** 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), Foot and Ankle

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Continuous-Flow Cryotherapy.

**Decision rationale:** This patient presents with continued right ankle pain. According to utilization review, request for right ankle arthroscopy and peroneal tendon repair was authorized on 08/20/2014. The current request is for Vascutherm 30-day. The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines under its Knee chapter has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." The MTUS Guideline recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. In this case, the treating physician has requested 30 day rental and the use of the cold therapy unit outside of the postoperative 7 days is not medically necessary. This request is not medically necessary

**Spring crutches:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/leg chapter: Walking Aids Canes, Crutches, Braces, Orthoses, & Walkers.

**Decision rationale:** This patient presents with continued right ankle pain. According to utilization review, request for right ankle arthroscopy and peroneal tendon repair was authorized on 08/20/2014. The current request is for Spring Crutches. The utilization review denied the crutches stating that, "There is support for crutch for purchase for use as a mobility aid postoperatively, with specific type not medically necessary." The ACOEM and MTUS do not discuss crutches. ODG does provide a discussion on walking aids under its knee chapter. Crutches for the foot are not addressed. ODG states, walking aids are "recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid." In this case, the patient has been authorized for ankle surgery. The requested crutches to alleviate weight bearing is reasonable and supported by ODG. This request is medically necessary.