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| <b>Case Number:</b>   | CM15-0009729 |                              |            |
| <b>Date Assigned:</b> | 01/27/2015   | <b>Date of Injury:</b>       | 06/05/2013 |
| <b>Decision Date:</b> | 03/19/2015   | <b>UR Denial Date:</b>       | 12/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/16/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 50 year old female who sustained an industrial injury on 06/05/2013. Diagnoses include right ankle peroneal tear, and status post repair on 09/03/2014. Treatment to date has included medications, surgery and an ankle air brace, and physical therapy. A physician progress note dated 12/09/2014 documents the injured worker has worsened pain in the right ankle. The pain is sharp and burning and pain level is rated as 10 out of 10. Pain is located at the inferior portion of the incision. Pain is worse with standing and walking, and injured worker ambulates with a limp. There is swelling present by the evening. Treatment requested is for a pneumatic compressor. On 12/30/2014 the Utilization Review non-certified the request for a pneumatic compressor, and cited was Official Disability Guidelines-Ankle and Foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pneumatic compressor:** 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 & Foot

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Venous Thrombosis Ankle & Foot, Pneumatic devices UpToDate.com, Prevention of venous thromboembolic disease in medical patients

**Decision rationale:** MTUS is silent concerning DVT prophylaxis. ODG states recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In regards to DVT prophylaxis and podiatric surgery, it is not warranted unless the patient is at high risk for clot formation. ODG also states pneumatic compression may be option to reduce swelling in acute foot and ankle injury is silent on use in post-op patients. UpToDate also writes, Mechanical methods of thromboprophylaxis include intermittent pneumatic compression (IPC), graduated compression stockings (GCS), and venous foot pumps (VFP). Mechanical methods for the prevention of venous thromboembolism (VTE) are primarily indicated in patients at high risk of bleeding or in whom anticoagulation is contraindicated (eg, gastrointestinal or intracranial hemorrhage). Medical records do not indicate what high risk factors are present and do not indicate why anticoagulation therapy cannot be utilized. The patient had an outpatient procedure on her foot while she is still ambulatory which is a low risk procedure for DVT. Also, its use in post-op edema is not recommended. As such, the request for pneumatic compressor is not medically necessary.