

<b>Case Number:</b>	CM15-0107212		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	11/25/2012
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 54-year-old who has filed a claim for chronic ankle, foot, and knee pain reportedly associated with an industrial injury of November 25, 2012. In a Utilization Review report dated May 13, 2015, the claims administrator failed to approve a request for a foot and ankle wrap. The claims administrator referenced a medical-legal evaluation dated May 22, 2014 in its determination. The claims administrator also stated that the applicant had been scheduled to undergo a left ankle arthroscopy on April 15, 2015. The claims administrator thus, by implication, suggested that recent progress notes were not furnished to augment the request at hand. The applicant's attorney subsequently appealed. In an April 2, 2015 progress note, the applicant was placed off of work, on total temporary disability. Ongoing complaints of foot and ankle pain were reported. The applicant had ancillary issues which included knee and calf pain. The applicant was asked to pursue a sinus tarsi surgery, ankle arthroscopy, and peroneal nerve decompression procedure to ameliorate a stated diagnosis of internal derangement of the ankle and subtalar joint. Custom molded orthotics, a DVT pump, shower chair, shower boot, crutches, Cam walker, tramadol, and Norco were sought in conjunction with the planned ankle arthroscopy-arthrotomy procedure. On May 27, 2015, it was acknowledged that the applicant had undergone earlier left ankle surgery on May 18, 2015. The applicant stood 5 feet 8 inches tall and weighed 177&#130;Â pounds, it was reported. Constant pain complaints were reported. The applicant was apparently performing physical therapy at this point, it was suggested. The applicant was nevertheless placed off of work, on total temporary disability. An

ankle MRI, physical therapy for the knee, and topical compounded medications and home interferential stimulator were endorsed while the applicant was kept off of work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Foot/Ankle Wrap, QTY 1, 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: Ankle & Foot - Bracing (immobilization).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Ankle and Foot Disorders, page 1176-1177.

**Decision rationale:** The request for a foot and ankle wrap 30-day rental was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. The request in question was framed as a request for postoperative usage of an ankle-foot wrap for DVT prophylaxis purposes following ankle arthroscopy-arthrotomy surgery on May 18, 2015. While the Third Edition ACOEM Guidelines ankle and foot chapter does acknowledge on page 1176 that a low threshold for prophylaxis may be appropriate in applicants with prior history of thrombotic or thromboembolic events, applicants with delayed rehabilitation or ambulation, obesity, diabetes, or other coagulation disorders, ACOEM qualifies its position by noting that there were widely accepted recommendations for thromboprophylaxis following lower limb injury or surgery. ACOEM qualifies its position by noting that there are no widely expected recommendations for thromboprophylaxis duration in applicants undergoing lower limb injury or surgery. Here, the applicant was described on a postoperative visit of May 27, 2015 as doing well. The applicant was participating in physical therapy at that point in time. It did not appear, thus, that the applicant was experiencing issues with delayed recovery. The applicant did not appear to be measurably obese. The applicant did not carry diagnosis of diabetes or history of prior thromboembolic events. All evidence on file, thus, pointed to the applicant's trending favorably as of May 27, 2015. The applicant appeared to be ambulatory as of that date, seemingly obviating the need for the lengthy 30-day rental of the DVT prophylaxis wrap in question. Therefore, the request was not medically necessary.