

<b>Case Number:</b>	CM15-0209436		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	09/04/2014
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43-year-old female sustained an industrial injury on 9-4-14. Documentation indicated that the injured worker was receiving treatment for left ankle osteochondral defect with synovitis. In an orthopedic evaluation dated 4-29-15, the injured worker complained of left ankle pain and swelling with prolonged weight bearing. The injured worker denied significant pertinent preexisting history. Physical exam was remarkable for left ankle with tenderness to palpation and pain throughout range of motion of the ankle and subtalar joint. In a PR-2 dated 10-15-15, the injured worker complained of worsening left ankle pain, rated 9 out of 10 on the visual analog scale. The injured worker reported a history of gastrointestinal upset with non-steroidal anti-inflammatory medications. Physical exam was unchanged. The injured worker underwent left ankle arthroscopic chondroplasty, extensive synovectomy and removal of osteochondral loose bodies on 10-19-15 without complication. The injured worker was provided with postoperative ice pack, ankle brace, professional set-up, crutches and DVT unit. On 10-25-15, Utilization Review on a request for home DVT unit x 7-day rental, lower extremity garment and professional set-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home DVT unit x 7 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Ankle & Foot (Acute & Chronic), Venous thrombosis (2) Knee & Leg (Acute & Chronic), Venous thrombosis and Other Medical Treatment Guidelines Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl):e351 S-418 S and Suppl: 195 S-e226 S.

**Decision rationale:** The claimant sustained a work injury in September 2014 when she stepped in a hole and twisted her left ankle. Treatment included medications and physical therapy. A CT scan of the ankle showed findings of low-grade osteochondral lesion with mild tibiotalar joint arthritis. Authorization for an arthroscopic left ankle debridement was requested and approved. When seen, pain was rated at 7/10. Physical examination findings included lateral left ankle tenderness and pain with range of motion. There was plantar fascia tenderness. There was a slightly antalgic gait. Postoperative treatment requested included use of a home DVT unit for seven days. Guidelines recommend identifying patients who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In this case, the claimant has no identified high risk factors for developing a lower extremity deep vein thrombosis or history of prior thromboembolic event. Medications such as low-molecular weight heparin (LMWH) are available and the claimant has no identified risk of major bleeding. Following either hip or knee arthroplasty, unless contraindicated, mechanical compression should be utilized during the hospital stay only. Therefore, this request for a 7-day rental of a DVT prophylaxis unit, lower extremity garment, and professional setup is not considered medically necessary.

**Lower extremity garment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Ankle & Foot (Acute & Chronic), Venous thrombosis (2) Knee & Leg (Acute & Chronic), Venous thrombosis and Other Medical Treatment Guidelines Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl):e351 S-418 S and Suppl: 195 S-e226 S.

**Decision rationale:** The claimant sustained a work injury in September 2014 when she stepped in a hole and twisted her left ankle. Treatment included medications and physical therapy. A CT scan of the ankle showed findings of low-grade osteochondral lesion with mild tibiotalar joint arthritis. Authorization for an arthroscopic left ankle debridement was requested and approved.

When seen, pain was rated at 7/10. Physical examination findings included lateral left ankle tenderness and pain with range of motion. There was plantar fascia tenderness. There was a slightly antalgic gait. Postoperative treatment requested included use of a home DVT unit for seven days. Guidelines recommend identifying patients who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In this case, the claimant has no identified high risk factors for developing a lower extremity deep vein thrombosis or history of prior thromboembolic event. Medications such as low-molecular weight heparin (LMWH) are available and the claimant has no identified risk of major bleeding. Following either hip or knee arthroplasty, unless contraindicated, mechanical compression should be utilized during the hospital stay only. Therefore, this request for a 7-day rental of a DVT prophylaxis unit, lower extremity garment, and professional setup is not considered medically necessary.

**Professional set up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl):e351 S-418 S and Suppl: 195 S-e226 S.

**Decision rationale:** The claimant sustained a work injury in September 2014 when she stepped in a hole and twisted her left ankle. Treatment included medications and physical therapy. A CT scan of the ankle showed findings of low-grade osteochondral lesion with mild tibiotalar joint arthritis. Authorization for an arthroscopic left ankle debridement was requested and approved. When seen, pain was rated at 7/10. Physical examination findings included lateral left ankle tenderness and pain with range of motion. There was plantar fascia tenderness. There was a slightly antalgic gait. Postoperative treatment requested included use of a home DVT unit for seven days. Guidelines recommend identifying patients who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In this case, the claimant has no identified high risk factors for developing a lower extremity deep vein thrombosis or history of prior thromboembolic event. Medications such as low-molecular weight heparin (LMWH) are available and the claimant has no identified risk of major bleeding. Following either hip or knee arthroplasty, unless contraindicated, mechanical compression should be utilized during the hospital stay only. Therefore, this request for a 7-day rental of a DVT prophylaxis unit, lower extremity garment, and professional setup is not considered medically necessary.