

Case Number:	CM15-0022533		
Date Assigned:	02/12/2015	Date of Injury:	06/20/2012
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old female who reported an injury on 06/20/2012 while coming down the stairs. Her diagnoses include ankle sprain and unspecified derangement of the ankle and foot joint. Her past treatments included medications, CAM walker, physical therapy, surgery, and injections. Her pertinent surgical history included a left ankle arthroscopy with synovial debridement, removal of cartilage loose bodies, and lateral collateral ligament reconstruction on 01/22/2015. On 12/01/2014, the injured worker complained of left ankle pain. The physical examination revealed pain to palpation of the inferior tip of the fibula, distal tibial/fibular articular, and anterior instability with a positive anterior drawer test on the left. The injured worker was also noted to have decreased strength in the left lower extremity. Neurological examination was indicated to be within normal values. The treatment plan included a left ankle surgical procedure on 01/22/2015, pad for unit, MobiLeg crutches, and Vascurtherm cold compression therapy with DVT for 30 day rental. The Request for Authorization Form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pad for unit: 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)- Treatment for Workers Compensation, Online Edition Chapter: Ankle and Foot, Walking aids (canes, crutches, braces, orthoses, & walkers), Knee chapter.

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, Durable medical equipment (DME).

Decision rationale: As the concurrent request for a Vasutherm cold compression therapy with DVT unit is not supported. The request for a pad unit would also not be supported. As such, the request is not medically necessary.

Mobileg Crutches: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment for Workers Compensation, Online Edition Chapter: Ankle and Foot, Walking aides (canes, crutches, braces, orthoses, & walkers).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The request for MobiLeg crutches is medically necessary. According to the California MTUS Guidelines, crutches for partial weight bearing involves placing the affected foot or ankle on the ground with crutches on either side and having the patient place as much weight as possible on the foot, with the rest of the weight on the crutches. This practice is preferable to complete non-weight bearing. The injured worker is indicated to have undergone a left ankle procedure on 01/22/2015. Based on the surgical procedure, the request for MobiLeg crutches would be supported by the evidence based guidelines. As such, the request is medically necessary.

Vasutherm Cold Compression Therapy with DVT for 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot, Continuous-flow cryotherapy.

Decision rationale: The request for Vasutherm cold compression therapy with DVT for 30 day rental is not medically necessary. According to the Official Disability Guidelines, continuous flow cryotherapy units are not recommended for the ankle and foot. There was lack of documentation upon physical examination to indicate the injured worker had a medical risk for deep vein thrombosis. In addition, the guidelines not recommending the use of cold compression

therapy units with DVT for the ankle and foot due to a lack of evidence and studies to supports its use. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.