

<b>Case Number:</b>	CM15-0217147		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	03/15/2015
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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 39-year-old who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of March 15, 2015. In a Utilization Review report dated October 28, 2015, the claims administrator failed to approve a request for an intermittent limb compression device. An August 12, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On May 11, 2015, the treating provider sought authorization for an Achilles tendon Tenex tenotomy procedure. The applicant's past medical history was unchanged. On an RFA form dated August 4, 2015, ankle MRI imaging of the Achilles tendon repair surgery was sought. On a progress note dated August 12, 2015, the applicant was described as having issues with Achilles tendon surgery resulting in an antalgic gait. The applicant was Naprosyn and Norco for pain relief. The applicant was overweight, the treating provider reported, with BMI of 34, the applicant was a former smoker, the treating provider reported, but had no pertinent medical history. The applicant was placed off of work, on total temporary disability, while the Achilles tendon repair surgery was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intermittent limb comp device seg grad pneumatic half leg right seg grad pneumatic half leg left:** 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), Ankle and Foot Chapter, Venous Thrombosis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Ankle and Foot Disorders pg. 1176.

**Decision rationale:** Yes, the request for an intermittent limb compression device or DVT prophylactic device was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Ankle and Foot Disorders Chapter notes that prophylaxis is recommended for the prevention of deep venous thrombosis. ACOEM notes that low threshold for prophylaxis may be appropriate for applicants who have comorbidities, including obesity. Here, the applicant, per the August 12, 2015 office visit at issue, was obese, with BMI of 34, the treating provider reported. ACOEM notes that the incidence of symptomatic DVT after Achilles tendon rupture surgery has been reported to be between 7 and 19%. Here, thus, given the applicant's risk factor of obesity, the favorable ACOEM position on DVT prophylaxis following ankle surgery, and ACOEMs commentary to the effect that the incidence of symptomatic DVT following Achilles tendon surgery, as was pending here, is relatively high, in the 7-19% range, taken together, did make a compelling case for the DVT prophylaxis device at issue. Therefore, the request was medically necessary.