

Case Number:	CM14-0119840		
Date Assigned:	08/06/2014	Date of Injury:	07/31/2012
Decision Date:	10/09/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 35 year old female who reported an injury on 07/31/2012. The mechanism of injury was not provided. Diagnoses included right ankle instability. The past treatments included cortisone injections and physical therapy. An MRI performed in September of 2013 revealed torn distal ti-fib ligaments. The progress note dated 06/16/2014 noted the injured worker has had pain to her right ankle over the last 12 months. The physical exam revealed generalized edema to the right foot and ankle, and sharp pain with palpation of the distal tib-fib articulation, lateral gutter of the ankle and the sinus tarsi area. Medications were not listed. The treatment plan included recommendations for surgical repair of the ligaments and ankle arthroscopy. The Request for Authorization form was dated 06/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm Cold Compression/DVT prophylaxis 30 days rental (right ankle/foot): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Current Edition (WEB)

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

Decision rationale: The request for Vascutherm cold compression/DVT prophylaxis 30 day rental (right ankle/foot) is not medically necessary. The injured worker had ankle instability and generalized edema with torn ligaments. The Official Disability Guidelines state continuous flow cryotherapy is not recommended for the ankle. The guidelines note in the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries in the ankle and foot has not been fully evaluated. There is a lack of documentation which demonstrates the mentioned surgical intervention to the ankle has been approved and is scheduled within the near future. Continuous-flow cryotherapy is not recommended for the ankle. Therefore, the request is not medically necessary.