

<b>Case Number:</b>	CM14-0125206		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	03/07/2005
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Orthopaedic Surgery, and is licensed to practice in California. 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:

This 64-year-old male sustained an industrial injury on 3/07/05. Injury occurred when a lawnmower ran over his foot. He underwent two subsequent ankle surgeries in 2006 and 2012. The 12/12/13 treating physician report indicated that the patient had persistent right ankle pain that increased with weight bearing activities. Rest generally alleviated pain. Conservative treatment included three Orthovisc injections and bracing without sustained improvement. Physical exam documented mild effusion, tenderness with range of motion, guarding in end-range dorsiflexion, and negative anterior drawer sign. There was increased tenderness to palpation over the anterior and anteromedial ankle joint itself and the dorsal aspect of the naviculocuneiform joint, where an osseous prominence was appreciated. The treatment plan recommended right ankle arthroscopy and exostectomy of the dorsal naviculocuneiform joint as a way to decrease his symptoms and prolong ankle fusion or total ankle replacement. Pre-operative evaluation for diabetes and post-op physical therapy were requested. The 3/27/14 pre-operative medical clearance report documented past medical history positive for diabetes, hyperlipidemia, hypertension, and obesity. The patient had no absolute cardiovascular contraindications to surgery and was undergoing a low to moderate risk orthopedic surgery. His blood pressure was well controlled and he was on Lipitor for his high cholesterol. EKG findings revealed a right bundle branch block, most likely secondary to degenerative conduction system disease. The evaluator recommended the patient add aspirin 81 mg daily to his current medications given his significant risk factor history, as well as being a diabetic. A right ankle arthroscopy with synovectomy and dorsal exostectomy was performed on 3/31/14. The treating physician submitted a 6/26/14 appeal letter for retrospective authorization of a segmental pneumatic appliance for the right ankle. This device was requested given his medical history which could predispose him to clot formation due to poor circulation due to diabetes. The

7/25/14 utilization review denied this request for a cold compression unit as current medical literature did not support use of this device following foot/ankle surgery.

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

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

**Retrospective request for Vascultherm cold compression unit 21 day rental charge for right ankle:** 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 for Workers Compensation, 2014, Ankle/Foot, Continuous Flow Cryotherapy

**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, Venous Thrombosis

**Decision rationale:** The California MTUS is silent regarding cold compression units. The Official Disability Guidelines (ODG) state that continuous flow cryotherapy is not recommended in ankle complaints. Guidelines support the use of applications of cold packs. The ODG recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guidelines state that aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopaedic surgery. Mechanical compression is recommended during the hospital stay for patients undergoing total knee and total hip arthroplasties. Guideline criteria have not been met. The patient has identified risk factors for deep vein thrombosis and was prescribed aspirin which is consistent with guidelines. There is no compelling reason to support the medical necessity of a cold compression unit over standard cold packs. There is no documentation that anticoagulation therapy would be contraindicated, aspirin ineffective, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request is not medically necessary.