

Case Number:	CM14-0128521		
Date Assigned:	08/15/2014	Date of Injury:	08/03/2007
Decision Date:	10/14/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/12/2014

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 Podiatric and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury for this patient was 8/3/2007. On 3/12/2014 patient was evaluated by an orthopedic surgeon for right ankle pain. The pain is rated at a 6/10, and was alleviated slightly with an intra-articular steroid injection to the right ankle joint. Diagnoses include anterior talo-fibular (ATF) ligament sprain, possible peroneal tendon longitudinal tear, possible osteochondral defect of the talus, plantar fasciitis, all right side. It was recommended that patient had an MRI right ankle. Physiotherapy was recommended however deferred by patient. It is noted in the chart that the MRI revealed a tear of the peroneal tendon, a painful os trigonum, and a plantar facial spur. Patient was again offered conservative treatment options however she adamantly deferred. At this point surgical intervention was recommended including repair of peroneal tendon, removal of painful os trigonum, and plantar fasciotomy with spur recession. A 5/07/2014 patient did indeed undergo surgery right ankle, numerous procedures. A pneumatic compression therapy/vascutherm device was also recommended for postoperative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm-pneumatic compression therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Compression Garments

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, procedure summary

Decision rationale: After careful review of the enclosed information and the pertinent Official Disability Guidelines (ODG) guidelines for this case, it is my feeling that the request for vascutherm/pneumatic compression therapy is not medically reasonable or necessary for this patient at this time. Guidelines state that low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectasias after sclerotherapy, varicose veins in pregnancy, in the prevention of edema and deep vein thrombosis (DVT). Higher level compression stockings are also effective. There is no mention of the particular device that provides compression with the use of temperature changes such as the one that is requested for this particular patient. Compression stockings may be used in this patient's postoperative healing according to the enclosed ODG guidelines.

Compression Therapy Pad: 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 Official Disability Guidelines (ODG) Ankle and foot, procedural summary

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for a compression therapy pad is not medically reasonable or necessary for this patient at this time. As stated above, the use of the Vascutherm pneumatic compression device cannot be recommended for this patient therefore the pad that is used with this device cannot be recommended.