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| Case Number: | CM14-0167947 | | |
| Date Assigned: | 10/15/2014 | Date of Injury: | 03/08/2013 |
| Decision Date: | 11/18/2014 | UR Denial Date: | 10/03/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

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 Emergency Medicine 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:

The patient is a 50-year-old male who was injured on March 8, 2013. The patient continued to experience right ankle pain. The medical records were reviewed. Physical examination was notable for antalgic gait, anteromedial ankle tenderness, and painful tibiotalar loading. The diagnoses included right ankle degenerative posttraumatic arthritis, and right ankle joint stiffness. Treatment included surgery, physical therapy, and medications. The patient underwent arthroscopic surgery of the right ankle in July 2014. Request for authorization for DVT Intermittent pneumatic compression device was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Intermittent Pneumatic Compression Device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot Chapter, Venous Thrombosis.

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, Venous thrombosis

Decision rationale: Identification of subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures is recommended. Anticoagulation therapy should be considered. The overall risk of venothromboembolism (VTE) in podiatric surgery is low. The risk factors for VTE are previous VTE, hormonal therapy or obesity. There is no documentation that any of the risk factors are present in this patient. There is no indication for the pneumatic device for DVT prevention. Therefore, this request is not medically necessary.