

<b>Case Number:</b>	CM14-0084102		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/28/2003
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 56-year-old gentleman was reportedly injured on August 28, 2003. The mechanism of injury is noted as a slip and fall. The most recent progress note dated June 12, 2014, indicates that there are ongoing complaints of left hip pain and right ankle pain. The physical examination of the right ankle demonstrated no signs of infection or deep vein thrombosis. The wounds were stated to be well healed and there was no pain with gentle active motion. Diagnostic imaging studies of the right ankle dated January 9, 2012, show a healed calcaneal fracture and no evidence of a union at the subtalar joint from a prior attempted fusion. Previous treatment includes a right subtalar ankle fusion x 2 with subsequent arthroscopy and hardware removal. A request was made for mechanical compressive device and sleeve for venous thromboembolism prophylaxis and was non-certified in the pre-authorization process on May 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mechanical compression device QTY: 1:** 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 (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Venous Thrombosis, Updated August 25, 2014.

**Decision rationale:** A review of the medical record does not indicate any signs or symptoms of a venous thrombosis. Considering this, this request for mechanical compression device is not medically necessary.

**Sleeve for VTE prophylaxis QTY: 1:** 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 (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Venous Thrombosis, Updated August 25, 2014.

**Decision rationale:** As the request for a mechanical compression device has been determined not to be medically necessary, so is this request for a sleeve the for venous thromboembolism prophylaxis.