

Case Number:	CM15-0127713		
Date Assigned:	07/14/2015	Date of Injury:	10/06/2014
Decision Date:	08/21/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 23-year-old male who sustained an industrial injury on 10/6/14. Injury occurred when he lost his balance getting off a harvest machine and twisted his right ankle. He felt a cracking sensation with onset of pain and catching. Past medical history was positive for asthma. Social history was negative for smoking. The 10/7/14 right ankle x-rays was negative for fracture. The 11/13/14 right ankle MRI revealed subtalar ligament sprain, with findings suggestive of posterior ankle impingement at the os trigonum interface with the posterior trigonal process of the talus. The 2/19/15 orthopedic visit note indicated the patient had on-going right ankle pain. Right ankle arthroscopy was recommended. The 2/25/15 treating physician report cited on-going right ankle pain. Conservative treatment had included physical therapy, anti-inflammatory medications, pain medications, activity modification, and injection without sustained benefit. Physical exam documented body mass index 39.4, and limited ankle inversion/eversion with pain. The treatment plan recommended continued medications. On 3/4/15, the injured worker underwent a right ankle arthroscopy and anterior ankle synovectomy, excision os trigonum, posterior process of talus and flexor hallucis synovectomy. Authorization was requested for an intermittent limb pneumatic compression device and segmental graduated pneumatic half leg right and left, date of service 3/4/15. The 6/25/15 utilization review non-certified the retrospective request for intermittent limb pneumatic compression device and segmental graduated pneumatic half leg right and left as there was no documentation of any history of deep vein thrombosis (DVT) or risk factors for hypercoagulability to substantiate the clinical appropriateness of this durable medical equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Post Operative Intermittent Limb Pneumatic Compression Device DOS 3/4/15:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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: Venous thrombosis.

Decision rationale: The California MTUS guidelines do not provide recommendations for deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines 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 a retrospective study of > 7,000 podiatry patients identified a low overall risk of venous thromboembolism (VTE) in podiatric surgery, suggesting that routine prophylaxis is not warranted. For patients undergoing a podiatric procedure with a history of VTE, the risk for a procedure-related VTE increases significantly and periprocedure prophylaxis is recommended. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request is not medically necessary.

Retro Post Operative Seg Grad Pneumatic Half Leg Right and Left DOS 3/4/15: 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: Venous thrombosis.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.