

<b>Case Number:</b>	CM15-0091179		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	10/23/2014
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 48 year old male who sustained an industrial injury on October 23, 2014. He reported an injury to his left leg and ankle. He was initially diagnosed with an ankle fracture, hip contusion, and knee sprain/strain and chest wall contusion. Previous treatment includes left open reduction and internal fixation of the calcaneus, physical therapy, MRI of the lumbar spine, Biofreeze gel, medications, crutches and casting, and MRI of the left ankle. The injured worker had open reduction and internal fixation of a severe left calcaneus fracture on November 14, 2014. He has improved with physical therapy and has an increasing range of motion. He uses an Arizona brace with an athletic shoe for stability. On examination, the injured worker has mild percussive tenderness over the sural nerve and his wounds are well-healed. Diagnoses associated with the request include comminuted fracture of the left calcaneus, left distal fibula fracture, possible compression fracture of L5, sprain of the left knee and sprain of the left shoulder. The treatment plan includes Arizona brace, Swiss balance boot, and physical therapy and pain medications. A request was received for an intermittent limb compression device and for pneuma press application device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intermittent Limp Comp 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg.

**Decision rationale:** Intermittent Limb Comp Device is not medically necessary per the MTUS and the ODG Guidelines as well as a review of the literature on prevention of thrombosis. The ACOEM MTUS guidelines state that there is minimal evidence to use pneumatic or pulse devices to manage foot and ankle swelling. The ODG states that compression garments are recommended. The ODG states that good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. The ODG states that venous thrombosis is recommend. The ODG recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. There is no documentation that patient will not be mobile or has any conditions that warrant post op DVT prophylaxis such as those referred to in the Executive Summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence - Based Clinical Practice Guidelines. The guidelines state that there is little evidence for dosimetry in compression. The documentation does not reveal extenuating circumstances that make this request medically necessary.

## **2 Press Pneum Appl Half Leg Express Knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antithrombotic Therapy and Prevention of Thrombosis, 9th Ed: American College of Chest Physicians Evidence.

**Decision rationale:** 2 press pneum appl half leg express knee is not medically necessary per the MTUS and the ODG Guidelines as well as a review of the literature on prevention of thrombosis. The ACOEM MTUS guidelines state that there is minimal evidence to use pneumatic or pulse devices to manage foot and ankle swelling. The ODG states that compression garments are recommended. The ODG states that good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. The ODG states that venous thrombosis is recommend. The ODG recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. There is no documentation that patient will not be mobile or has any conditions that warrant post op DVT prophylaxis such as those referred to in the Executive Summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence - Based Clinical Practice Guidelines. The guidelines state that there is little evidence for dosimetry in compression. The documentation does not reveal extenuating circumstances that make the request for the intermittent limb comp device medically necessary therefore the request for 2 Press Pneum Appl Half Leg Express Knee is not medically necessary.