

Case Number:	CM15-0099218		
Date Assigned:	06/01/2015	Date of Injury:	12/06/2013
Decision Date:	07/08/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 41-year-old female, who sustained an industrial injury, December 6, 2013. The injured worker previously received the following treatments left ankle ORIF of the left ankle with internal fixation, Tramadol, Enalapril, Amlodipine, left ankle CT scan and Percocet. The injured worker was diagnosed with Mal-union of fibular fracture of the left ankle, left ankle pain, derangement of the left ankle, painful internal fixation in the left ankle, crepitus of the left ankle and right knee pain. According to progress note of April 13, 2015, the injured workers chief complaint was left ankle pain. The injured worker reported having good days and bad days. The present pain level was 9 out of 10. The injured worker reported a clicking and slight swelling along with soreness of the left ankle. The injured worker reported prolonged standing or walking causes pain at lateral side. According to the progress noted of April 7, 2015 the left ankle, pain was caused by the internal fixation at the left ankle which necessitates removal. The treatment plan included vascutherm 4 system 4-week rental for postoperative care after hardware removal from the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 4 System (4 weeks): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) chapter, Venous Thrombosis.

Decision rationale: The patient was injured on 12/06/13 and presents with left ankle pain. The request is for VASCUTHERM 4 SYSTEM (4 WEEKS). The RFA is dated 05/04/15 and the patient is to return to modified work on 04/01/15 with the following restrictions: "stand for hour every hour, use 1 flight of stairs 2 x a day max, wear shoe to comfort." The patient underwent an ORIF of the fibular fracture malunion on 01/16/14. MTUS is silent about Vascutherm. However, ODG guidelines, chapter Knee & Leg (Acute & Chronic)' and topic 'Venous Thrombosis', allow for short-term post-operative use for 7 days. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. Regarding Vascutherm with DVT prophylaxis, ODG states that ASA may be the most effective choice to prevent PE and DVT in patients undergoing orthopedic surgery, but even ASA patients should receive sequential compression as needed. When looking at various devices, data from Million Women Study in the UK suggested that the risk of DVT after pelvic and acetabular surgery is greater and lasts for longer than has previously been appreciated. They showed that the risk is greatest in the first six weeks following surgery, peaking around three weeks afterward. Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin patients should receive sequential compression as needed. The report with the request is not provided, nor is there any discussion provided regarding this request. The patient underwent an ORIF of the fibular fracture malunion on 01/16/14. Current evidence suggests it [VTE prophylaxis] is needed for inpatient undergoing many orthopedic-, general, and cancer-surgery procedures and should be given for at least seven to 10 days. In addition, prolonged prophylaxis for four to five weeks also shows a net clinical benefit in high-risk patients and procedures. The requested 4 weeks with the vascutherm system is with ODG guidelines. The request IS medically reasonable.