

Case Number:	CM14-0139913		
Date Assigned:	09/08/2014	Date of Injury:	08/06/2010
Decision Date:	11/03/2015	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/28/2014

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. 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, Oregon, Washington
 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:

The injured worker is a 34 year old male, who sustained an industrial injury on 8-6-10. The injured worker was diagnosed as having right knee chondromalacia patella; right knee proximal mid tibial edema; severe posttraumatic degenerative joint disease right ankle; status post fracture dislocation right ankle-foot. Treatment to date has included physical therapy; chiropractic therapy; urine drug screening; medications. A PR-2 notes dated 3-20-14 indicated the injured worker presented to the clinic for ongoing complaints in right ankle. The injured worker has a surgery for the removal of right ankle-foot hardware that has been requested and authorization is pending. The provider notes ongoing right ankle pain rated at "6-8 out of 10". On physical examination the provider notes, ankle motion is painful throughout with limited motion and mild swelling. No sign of DVT or CRPS. Subtalar range of motion is full. There is tenderness to palpation about the right ankle. There is crepitus with right ankle motion. The provider's treatment plan included a request for Norco 10-325mg #60 1 po twice a day for pain. A PR-2 notes dated 4-15-14 indicated the injured worker complains of right foot and ankle symptoms. The provider notes he currently rates his pain as 7 out of 10 on the pain scale. He is currently being followed by a podiatric surgeon and has been authorized for the removal of painful hardware in the right ankle-foot later this week. The provider documents a physical examination, ankle motion is painful throughout with limited motion and mild swelling. No sign of DVT or CRPS. Subtalar range of motion is full. There is tenderness to palpation about the right ankle. There is crepitus with right ankle, gait, mildly antalgic. His pre-operative note reads "Right ankle arthroscopy with micro-fracture; hardware removal" on 5-20-14. There is an

Anesthesia record and an anesthesia progress- procedure note dated 5-20-14 that documents a "Right popliteal nerve block" was done for the injured worker for this surgery. The note is hand written and difficult to decipher. There is no pre-operative anesthesia examination record submitted. A Request for Authorization is dated 8-28-15. A Utilization Review letter is dated 7-29-15 and non-certification was for DVT device in OR for right ankle. A request for authorization has been received for 1 prescription of DVT device in OR for right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT device in OR for right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: 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) Knee and Leg section, Compression Garment.

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend using of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient there is no documentation of a history of increased risk of DVT or major knee surgery. The patient underwent a routine ankle arthroscopy. Therefore medical necessity cannot be established and therefore; the determinations for non-certification for the requested device is not medically necessary.