

Case Number:	CM13-0014125		
Date Assigned:	10/02/2013	Date of Injury:	09/12/2007
Decision Date:	01/29/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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 claimant is a 44-year-old female who was injured on September 12, 2007. Recent clinical assessment for review includes a May 24, 2013 operative report indicating a diagnosis of painful internal fixation and painful gait secondary to a Lisfranc fusion. Procedure performed at that time was attempted removal of fixation from poor bone stock and fusion with refusion of Lisfranc joint with hardware, application of a posterior splint. Postoperative clinical assessments for review include a July 29, 2013 assessment with [REDACTED] stating current complaints of two months following surgery, non-weight bearing, demonstrating swelling of the left foot. Physical examination findings showed a well healed incision with resolving edema. Normal skin texture and tone. Normal neurologic evaluation. Motor tone was noted to be 5/5 to the intrinsic and extrinsic musculature. Recommendation at that time was for a CAM walker to advance to full weight-bearing and initiation of a course of formal physical therapy. There was a retrospective request for use of a pneumatic compression device in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for a pneumatic compressor, non-segmental home model:
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), Section on Venous Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm/wrist/hand procedure - Vasopneumatic devices

Decision rationale: Based on Official Disability Guidelines, vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling. They may be considered necessary to reduce edema after acute injury. The treatment goal of vasopneumatic devices, such as intermittent compression therapy, is to reduce venous hypertension and edema by assisting venous blood flow back toward the heart. The claimant underwent a revision Lisfranc procedure that required a significant, greater than two month period, of non-weight bearing activities to the left lower extremity. The role of a pneumatic compression device to minimize the claimant's risk of postoperative venothrombotic event appears to have been medically necessary retroactive back to date of surgery in question. The retrospective request for a pneumatic compressor, non-segmental home model is medically necessary and appropriate.