

Case Number:	CM13-0046690		
Date Assigned:	12/27/2013	Date of Injury:	02/12/2010
Decision Date:	03/06/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine & Rehabilitation 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 patient is a 47-year-old female who reported an injury on 02/12/2010. The patient is currently diagnosed with a tear of the posterior tibial tendon of the left foot, removal of fixation of the left foot, status post open reduction internal fixation of the cuboid of the left foot, sprain/strain of the left foot, and painful gait. The patient was seen by [REDACTED] on 08/28/2013. The patient reported continuation of symptoms regarding the left ankle with painful ambulation and painful weight-bearing. Physical examination revealed minimal telangiectasis, swelling and edema to the left ankle, difficulty ambulating, intact sensation, weakness, and decreased range of motion. Treatment recommendations included surgical intervention in the form of repair of the posterior tibial tendon of the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic compression wraps: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle & Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle & Foot, section on Venous Thrombosis.

Decision rationale: 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. Minor injuries in the leg are associated with greater risk of venous thrombosis. Based on the clinical information received, there is no evidence that this patient is at high risk of developing venous thrombosis. There is also no indication as to why this patient would not benefit from anticoagulation therapy as recommended by the Official Disability Guidelines, as opposed to a motorized unit. The medical necessity for the requested equipment has not been established. Therefore, the request is not medically necessary and appropriate

DVTmax unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle & Foot

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle & Foot, section on Venous Thrombosis.

Decision rationale: 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. Minor injuries in the leg are associated with greater risk of venous thrombosis. Based on the clinical information received, there is no evidence that this patient is at high risk of developing venous thrombosis. There is also no indication as to why this patient would not benefit from anticoagulation therapy as recommended by Official Disability Guidelines, as opposed to a motorized unit. The medical necessity for the requested equipment has not been established. Therefore, the request is not medically necessary and appropriate