

Case Number:	CM13-0056696		
Date Assigned:	12/30/2013	Date of Injury:	11/10/2001
Decision Date:	06/30/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/22/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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:

This is a 57 year-female who has reported left foot and ankle symptoms after an injury on 11/10/01. She has also reported many other conditions as work-related, including neck, back, and knee pain; and internal medicine conditions. She has been treated for a Morton's neuroma as well as many other conditions. On 9/9/13 the treating podiatrist first evaluated the injured worker. He noted a long history of treatment for the foot and other areas. The medical history included a "clot in the lung". He diagnosed a Morton's neuroma and recommended surgery. On 9/26/13 authorization requests were for excision of a Morton's neuroma, and deep vein thrombosis (DVT) and pneumatic compression wraps. The request included generic information about venous thromboembolism (VTE) and the use of the devices requested. There was no patient specific information submitted. A letter from the injured worker dated 11/20/13 stated that the injured worker had "blood clots" and was hospitalized for 10 days in 2010. On 11/11/13, Utilization Review non-certified the compression wraps under review now, noting the Official Disability Guidelines recommendations and lack of specific indications for their use in association with the upcoming surgery. This Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF DVT AND PNEUMATIC COMPRESSION WRAPS (LEFT FOOT):

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Venous thrombosis, Compression

Decision rationale: Multiple guidelines address deep venous thrombosis prophylaxis. The MTUS does not address this issue. 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". This injured worker has a history of what may be a pulmonary embolism, although the records are not clear enough to know for certain. The Official Disability Guidelines review several sources of evidence and recommend anticoagulation for patients at high risk, and compression for some patients. Compression stockings are recommended, however, prevention of pulmonary embolism is not proven with compression. Anticoagulation is the main method of prophylaxis. In this case, the treating physician provided no patient-specific information in conjunction with this request for a compression device. He did not discuss reasons why anticoagulation was not indicated, or how the device would be used. It is not clear exactly what the requested device is, how it will be used, and why it is necessary rather than anticoagulation. The requested compression device is not medically necessary based on lack of sufficient clinical evaluation and the recommendations of the cited guidelines.

PURCHASE OF DVT AND PNEUMATIC COMPRESSION WRAPS (LEFT FOOT):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Orthotic devices

Decision rationale: The request for purchase of DVT and pneumatic compression wraps (left foot) is not medically necessary. Current, evidence-based guidelines state that rehabilitation after tibial stress fracture may be aided by the use of pneumatic bracing but more evidence is required to confirm this. Given the clinical documentation submitted for review, medical necessity of the request for purchase of DVT and pneumatic compression wraps (left foot) has not been established. Recommend non-certification.