

Case Number:	CM14-0001005		
Date Assigned:	01/22/2014	Date of Injury:	01/14/2004
Decision Date:	03/25/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/03/2014

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:

This is a 44-year old male with a date of injury of 1/14/04. The patient has injury to the left foot/ankle, mechanism not disclosed, and has a history significant for a sural neurectomy surgery at the lateral aspect of the left foot. Following surgery, the patient developed postoperative scarring and adhesions at the post excision of exostosis region. This has resulted in persistent neuritic symptoms due to the deep peroneal nerve. Recommendation was made for excision of the deep peroneal neuroma, transection of the nerve and implantation of the nerve into the tibia. 10/16/13 follow-up report notes that the requested surgery was authorized. Surgery was performed on 11/14/13. Submitted reports prior to surgery and following surgery do not discuss any clinical details that would substantiate outpatient mechanical DVT prophylaxis following discharge to home. At some point, mechanical DVT prophylaxis was requested, and this was submitted to Utilization Review on 12/17/13. As there were no specific DVT risk factors and no clear support for post-op outpatient use, the request for this DME was not recommended for certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Covidien-deep vein thrombosis ((DVT) deep vein thrombosis) intermittent limb compression device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antithrombotic Therapy and Prevention of

Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. Falck-Ytter Y, Francis CW, Johanson NA, Curley C, Dahl OE, Schulman S, Ortel TL, Pauker SG, Colwell CW Jr; American Col

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

Decision rationale: The CA MTUS and ACOEM Guidelines are silent with regards to mechanical DVT prophylaxis. ODG references the AAOS, which recommends mechanical prophylaxis is used for patients in the recovery room and through the hospital stay up the time of discharge. There are no clinical details in this case that give reasonable justification for continued use of mechanical DVT prophylaxis on discharge to home for outpatient use. Medical necessity for the DVT intermittent compression device is not established.