

Case Number:	CM14-0112571		
Date Assigned:	09/18/2014	Date of Injury:	03/07/2005
Decision Date:	10/20/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

Medical records reflect the claimant is a 64 year old male who sustained a work injury on 3-7-05. The claimant is status post right ankle arthroscopy, exostectomy, dorsal naviculocuneiform. Office visit on 5-1-14 notes the claimant is 4 weeks post-surgery. He is ambulating with a CAM walker. He had minimal pain. Office visit on 6-26-14 notes that in preparation to undergo surgery to the right ankle a segmental pneumatic appliance was requested given his medical history which could predispose him to clot formation from poor circulation due to diabetes. Exam on 7-24-14 notes the claimant is ambulating in a postop shoe with a small dressing still in place. He admits to some mild numbness to the top of the foot. The claimant is to continue with postop care.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCD sleeves x 2 right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 57, 61, 65. Decision based on Non-MTUS Citation Official Disability Guidelines (2008) Venous thrombosis: Knee Chapter

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

Decision rationale: ODG recommends 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. A venous thrombosis is a blood clot that forms within a vein. Deep venous thrombosis (DVTs) form in the deep veins of the legs, and if a piece of a blood clot formed in a vein breaks off it can be transported to the right side of the heart, and from there into the lungs, and is called an embolism, and this process called a venothromboembolism (VTE). A retrospective study of greater than 7,000 podiatry patients identified a low overall risk of VTE in podiatric surgery, suggesting that routine prophylaxis is not warranted. Prophylaxis for preventing deep vein thrombosis (DVT) and pulmonary embolism (PE) has been receiving increasing attention in recent years. The Agency for Healthcare Research and Quality, for example, ranks prevention of venous thromboembolism (VTE) as one of the top preventive initiatives that can improve patient safety in health-care settings. The overall incidence of post procedure VTE in podiatric surgery was 0.30%. Three risk factors were significantly and independently associated with VTE in podiatric surgery: prior VTE (incidence, 4.6%; relative risk, 23.0), use of hormone replacement therapy or oral contraceptives (incidence, 0.55%; relative risk, 4.2), and obesity (incidence, 0.48%; relative risk, 3.0). For patients undergoing a podiatric procedure with a history of VTE, the risk for a procedure-related VTE increases significantly and peri-procedure prophylaxis is recommended. (Felcher, 2009). This claimant is diabetic but there is no documentation that his diabetes was not well controlled or that he had any other risks that placed him as a risk candidate for the development of DVT. Therefore, the medical necessity of this request was not established.