

Case Number:	CM14-0125768		
Date Assigned:	09/26/2014	Date of Injury:	01/10/2012
Decision Date:	11/04/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/08/2014

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 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 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:

59-year-old female claimant with an industrial injury dated 01/10/12. The patient is status post a repair of posterior tibial tendon on the left ankle with tendon transfer. MRI dated 09/30/13 demonstrates post-surgical changes in the navicular most likely secondary to posterior tibial tendon repair, mild thickening of the soft tissues around and between the posterior tibial and flexor digitorum tendons. Exam note 06/26/14 states the patient returns with left ankle pain. The patient rates the pain a 7-8/10. The patient uses a cane and an ankle brace to aid the left side. There is evidence of tenderness to palpation upon examination of the left ankle. The patient is diagnosed with an ankle sprain. Treatment includes a DVT Max E0676 30-day rental Pneumatic compression wraps/

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep Vein Thrombosis (DVT) Max 30-day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter, Venous Thrombosis, Compression Garments

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend using of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient there is no documentation of a history of increased risk of DVT or major knee surgery. The patient underwent a routine left posterior tibial tendon repair. Therefore medical necessity cannot be established.

Pneumatic Compression Wraps: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter, Venous Thrombosis, Compression Garments

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommended to use mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient there is no documentation of a history of increased risk of DVT or major knee surgery. The patient underwent a routine left posterior tibial tendon repair. Therefore, medical necessity cannot be established.