

Case Number:	CM14-0154400		
Date Assigned:	09/24/2014	Date of Injury:	10/03/2012
Decision Date:	10/30/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/22/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a reported diagnosis with knee fibrosis; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 10, 2014, the claims administrator retrospectively denied a request for an anti-embolism stocking apparently dispensed on July 24, 2014. The claims administrator noted, in its Utilization Review Report, that the applicant had undergone ankle surgery on July 16, 2014 and that the applicant had subsequently followed up in the clinic setting on July 24, 2014. Neither the July 16, 2014 operative note nor the July 24, 2014 office visit, however were incorporated into the Independent Medical Review packet. The claims administrator did approve a boot device, it was noted, implying that the applicant was somewhat immobile postoperatively. The applicant's attorney subsequently appealed. In an April 3, 2014 consultation, the applicant presented with a primary complaint of left ankle pain status post two to three corticosteroid injections to the same. The applicant was smoking 10 cigarettes a day, it was acknowledged, and was represented, it was further noted. It was stated that the applicant was working regular duty as of that point in time. Authorization was sought for an ankle arthroscopy and debridement procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for purchase of anti-embolism stocking, below the knee, on 7/24/14:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article Venous Thromboembolism Prophylaxis in Surgical Patients, Jt Comm J Qual Patient Saf. 2011 Apr; 37 (4): 178-83 and Risk Factors for Inpatient Venous Thromboembolism Despite Thromboprophylaxis, Thromb Res. 2014 Jan; 133 (1): 25-9. doi: 10.1016/j.thromes.2013.09.011. Epub 2013 Sep 16

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgery (AAOS), Recommendations on DVT Prophylaxis.

Decision rationale: The MTUS does not address the topic. While the American Academy of Orthopedic Surgery (AAOS) notes that routine DVT and/or pulmonary embolism prophylaxis is questionable in applicants undergoing ankle or foot surgery, citing limited evidence on the same, AAOS notes that some risk factors for thromboembolism include a history of smoking. In this case, the applicant is, in fact, a smoker. AAOS also suggests usage of compressive stockings for surgical cases expected to last more than one to one and a half hours. In this case, it did appear that the applicant underwent what the attending provider characterized as an "extensive debridement" of the ankle and subtalar joint in a preoperative note dated April 3, 2014. The applicant was seemingly immobilized postoperatively, it was noted, as suggested by the claims administrator's approval of a boot device. On balance, thus, it does appear that the applicant is an individual for whom DVT/PE prophylaxis was indicated, given what appears to be a longer duration surgery, a history of smoking, and postoperative immobilization via a boot. Therefore, the request was medically necessary.