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| <b>Case Number:</b>   | CM14-0023146 |                              |            |
| <b>Date Assigned:</b> | 05/14/2014   | <b>Date of Injury:</b>       | 02/08/2011 |
| <b>Decision Date:</b> | 07/10/2014   | <b>UR Denial Date:</b>       | 01/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/24/2014 |

### 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 claimant is a represented [REDACTED] employee who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of February 8, 2011. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and earlier foot and ankle surgery. In a Utilization Review Report dated January 21, 2014, the claims administrator denied a request for a pneumatic compression device for the leg, stating that there is no evidence that the claimant had failed non-mechanical compression garments. In a progress note dated November 13, 2013, the claimant was described as having persistent foot, ankle, and toe deformities following an earlier crush injury and earlier foot and ankle surgery. It was stated that the claimant was planning to undergo hardware removal procedure and that the claimant would be immobilized for approximately six to eight weeks. The claimant did exhibit several claw toe and hammertoe deformities. Norco was introduced for pain relief. On January 6, 2014, the claimant was described as doing well following the hallux malleus correction of the left foot. The claimant was asked to employ an Aircast/Cam walker. The pneumatic compression device in question was endorsed via a request for authorization dated November 15, 2013. The attending provider stated that the claimant had a risk of developing a DVT owing to the type of surgery being performed. The claimant underwent deep tendon transfer of the left leg, superficial tendon transfer of the left leg, open reduction of the left MTP joint, open reduction of the interphalangeal joint, and hardware removal about the first metatarsal on November 15, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PNEUMATIC COMPRESS SEGMENTAL WITH GRADIENT PRESS FOR THE LEFT FOOT:** Overturned

**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 American Orthopedic Foot and Ankle Society, Position Statement on Use of VTED Prophylaxis in Foot and Ankle Surgery.

**Decision rationale:** The MTUS does not address the topic. The request in question represents a request for retrospective usage of mechanical venous thromboembolism prophylaxis employed on the date of surgery, November 15, 2013. The American Orthopedic Foot and Ankle Society notes that mechanical prophylaxis such as the sequential compression device employed here can be utilized intraoperatively and continued postoperatively through the duration of the hospital stay. The American Orthopedic Foot and Ankle Society notes that complications associated with mechanical prophylaxis are negligible and compression function may be considered in both the outpatient and inpatient setting. In this case, the applicant underwent a fairly lengthy surgery. The usage of mechanical prophylaxis on the date of surgery was indicated. Therefore, the request for pneumatic compress segmental with gradient press for the left foot is medically necessary and appropriate.