

Case Number:	CM14-0043162		
Date Assigned:	07/02/2014	Date of Injury:	12/24/2008
Decision Date:	09/18/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/10/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 55 year old male who reported an injury on 12/24/2008 when he was ran over by a forklift. The injured worker was diagnosed with complex regional pain syndrome in the left calf and ankle secondary to EMG documented left tibial motor and left plantar sensory nerve crush, ankle pain status post distal fibular fracture with diminished range of motion and associated foot drop, left knee internal derangement, left calf, foot and ankle skin ulcers, with disfigurement scar tissue with possible superficial nerve entrapment, and left metatarsal fracture 2, 3, and 4 with chronic pain and sensory loss with open reduction internal fixation. The injured worker was treated with medications and surgery. The injured worker had a formal x-ray of the spine on 02/03/2014 and a formal EMG on 02/12/2014. The injured worker had surgery to repair fractures to the distal fibula, and left metatarsals 2, 3, and 4. The clinical note dated 02/18/2014 noted the injured worker complained of pain in the axial low back at 7/10 baseline with flare-ups of 9/10. The injured worker had back spasms 75 to 80 percent on the left, left foot drop, the left ankle reflexes were absent, and sensory recapitulates a complex regional pain syndrome on the left circumferential calf where there was multiple skin eschars present on the clinical note dated 02/18/2014. The injured worker was prescribed Gabapentin 600mg three times daily and Baclofen 10mg every 6 hours as needed for spasms noted on clinical note dated 01/06/2014. The injured worker's treatment plan was for vascutherm DVT unit for 14 day rental, the attending physician did not provide rationale for the request. The request for authorization was submitted for review on 02/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm DVT unit; 14 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 (ODG) regarding continuous-flow cryotherapy.

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, Venous thrombosis.

Decision rationale: The injured worker has a diagnosis of complex regional pain syndrome in the left calf and ankle secondary to EMG documented left tibial motor and left plantar sensory nerve crush, ankle pain status post distal fibular fracture with diminished range of motion and associated foot drop, left knee internal derangement, left calf, foot and ankle skin ulcers, with disfigurement scar tissue with possible superficial nerve entrapment, and left metatarsal fracture 2, 3, and 4 with chronic pain and sensory loss with open reduction internal fixation. The Official Disability Guidelines state risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis. Those at high risk should be considered for anticoagulation therapy during the post-hospitalization period. Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopaedic surgery. Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin patients should receive sequential compression as needed. The injured worker's medical records lack documentation of physical therapy, surgical documentation, or a lack of blood circulation. The rationale for the request for use of the Vascutherm DVT unit for 14 day rental is not indicated. There is a lack of documentation indicating the injured worker is at risk for DVT development. As such, the request for Vascutherm DVT unit; 14 day rental is not medically necessary.