

<b>Case Number:</b>	CM13-0057732		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/06/2009
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 patient is an employee of [REDACTED] who has submitted a claim of left foot pain associated from an industrial injury date of December 6, 2009. Treatment to date has included ORIF of the cuboid of the left foot (undated), removal of fixation on the left foot (undated), left shoulder arthroscopic surgery (undated), and medications with include Tramadol and unspecified topical medication. Medical records from 2012-2013 were reviewed, the latest of which dated August 28, 2013 revealed that the patient continued to have symptomatic pain with ambulation and weight bearing. She had difficulty with gait and ambulation. On physical examination, there is swelling and edema of the left ankle. There was continuation of difficulty with gait, squatting and crouching. There was also symptomatic pain with toe walking and toe standing. The patient continued to have symptoms with active inversion of the left foot. Inversionary stress continues to be weak with the pressure test on the left side, showing dysfunction of the posterior tibial tendon. A decrease in the medial arch is also identified, with muscle testing about 4/5 to active inversion and resistance to eversion on the left side. Focal bulging continues to persist secondary to the longitudinal tears at the posterior tibial tendon with enlargement of the tendon. Range of motion of the left foot is restricted because of the pain the patient is having: flexion to approximately 20 degrees, extension to approximately 10 degrees, inversion to approximately 15 degrees, and eversion to approximately 10 degrees. Utilization review from November 4, 2013 denied the request for pneumatic compression wraps. The request was modified to DVT Max, Pneumatic Compression Wraps rental 7 days postoperatively for DVT prophylaxis.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **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, Ankle and Foot.

**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 Chapter, Compression Garments.

**Decision rationale:** The CA MTUS does not specifically address the topic on pneumatic compression wraps. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section, was used instead. ODG states that good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. In this case, pneumatic compression wraps were requested as a preventive measure against the increased likelihood of developing venothromboembolism following a surgical procedure. However, the documents submitted failed to mention the specific surgical procedure to be done. It is noted that the request was modified appropriately in a previous UR decision. The duration of use was not mentioned in the request. Also, it was not specified if the request is for purchase or rental purposes; therefore, the request for Pneumatic Compression Wraps is not medically necessary.