

Case Number:	CM15-0101744		
Date Assigned:	06/04/2015	Date of Injury:	08/01/2012
Decision Date:	07/08/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 28-year-old male, who sustained an industrial injury on 8/1/12. The Agreed Medical Evaluator (AME) noted that the injured worker has complaints of left knee and right foot and ankle. The documentation noted there is a medial, retromalleolar longitudinal scar extending just distal to the tip of the right medial malleolus and their area has thickening. The documentation noted that there is tenderness along the path of the right tibialis posterior tendon but not specifically at the navicular or plantar insertions of the tibialis posterior. The diagnoses have included knee, leg, ankle, and foot injury. Treatment to date has included magnetic resonance imaging (MRI) of the left knee on 1/30/15; right and left knee X-rays; magnetic resonance imaging (MRI) of the right ankle showed some soft tissue thickening in the tarsal tunnel in keeping with prior surgery; right ankle computerized tomography (CT) scan showed an area of calcification at the medial aspect of the talus just anterior to the plane of the sustentaculum and in keeping with an avulsion fracture; right ankle/foot surgery on 12/27/12 and repeat surgery on 11/22/13; ibuprofen; hydrocodone; lidocaine patches and Flector patches. Per the doctor's note dated 1/23/15 patient had complaints of pain in right ankle with numbness at 7-9/10. Physical examination revealed tenderness on palpation and decreased sensation. The patient has had MRI of the right ankle on 8/4/14 that revealed mass effect on posterior aspect of tibial nerve. Patient was non-certified for right foot tibial nerve decompression on 10/14/14 and there was a request for right foot surgery on 5/5/15. Any evidence of certification of surgery was not specified in the records provided. The request was for purchase of DVT max and supplies for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of DVT max and supplies for the right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot and Ankle Chapter, Venous Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (updated 06/22/15) Venous thrombosis Knee & Leg (updated 05/05/15) Compression garments.

Decision rationale: Request: Purchase of DVT max and supplies for the right ankle. DVT max is a unit that provides compression therapy for Deep Vein Thrombosis Prophylaxis, Edema, Lymphedema and Venous Insufficiency. ACOEM and CA MTUS chronic pain guidelines do not address this request. Therefore ODG was used. As per cited guideline, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis." A retrospective study of > 7,000 podiatry patients identified a low overall risk of VTE in podiatric surgery, suggesting that routine prophylaxis is not warranted. Three risk factors were significantly and independently associated with VTE in podiatric surgery: prior VTE (incidence, 4.6%; relative risk, 23.0), use of hormone replacement therapy or oral contraceptives (incidence, 0.55%; relative risk, 4.2), and obesity (incidence, 0.48%; relative risk, 3.0). Patient was non-certified for right foot tibial nerve decompression on 10/14/14 and there was a request for right foot surgery on 5/5/15. Any evidence of certification of this surgery was not specified in the records provided. The details of the presence of risk factors for DVT including prior VTE (venous thromboembolism), use of hormone replacement therapy or oral contraceptives or obesity was not specified in the records provided. A contraindication to anticoagulation therapy for DVT prophylaxis was not specified in the records provided. The medical necessity of the request for Purchase of DVT max and supplies for the right ankle is not fully established in this patient at this time, given the medical records provided and the cited guidelines. This request is not medically necessary.