

Case Number:	CM15-0133206		
Date Assigned:	07/21/2015	Date of Injury:	08/22/2014
Decision Date:	08/26/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/09/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 26-year-old male who sustained an industrial injury on 8/22/14. Injury occurred when he dropped a large piece of equipment on his foot. He sustained a left Lisfranc fracture dislocation and a plantar comminuted fracture. He underwent open reduction and internal fixation of his Lisfranc fracture dislocation on 9/30/14. The 1/2/15 orthopedic report indicated that the injured worker was on schedule for screw removal. Past medical history was reported as negative. Social history documented he was a non-smoker. X-rays showed the Lisfranc fracture dislocation was reduced well and healing nicely. The screw was in good position. The treatment plan recommended hardware removal left foot, physical therapy, post-operative medications, and light duty. He underwent removal of implants from the left midfoot on 3/9/15. The 3/13/15 treating physician report indicated that the injured worker had undergone screw removal. Pain was well controlled. Physical exam documented surgical site healing well, continued irritation and pain in the midfoot, some sensation of flexibility in the screw removal area, continued numbness along the distal portion of the deep peroneal nerve, and 2+ pulses. The treatment plan recommended weight bearing as tolerated, orthotics, and possible fusion/fixation of the comminuted mid-foot fracture. Retrospective authorization was requested for intermittent limb compression segmental graduated pneumatic half leg, right and left (date of service 3/9/15.) The 6/9/15 utilization review non-certified the retrospective request for an intermittent limb compression device on 3/9/15 as there was no documented contraindication for pharmaceutical anticoagulation to support the medical necessity of deep vein thrombosis prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Intermittent limb compression seg grand pneumatic half leg, right and left DOS 03/09/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Lymphedema pumps.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot: Venous thrombosis.

Decision rationale: The California MTUS guidelines do not provide recommendations for deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Guidelines state that a retrospective study of > 7,000 podiatry patients identified a low overall risk of venous thromboembolism (VTE) in podiatric surgery, suggesting that routine prophylaxis is not warranted. For patients undergoing a podiatric procedure with a history of VTE, the risk for a procedure-related VTE increases significantly and periprocedure prophylaxis is recommended. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documented history of venous thrombosis. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request is not medically necessary.