

Case Number:	CM14-0120047		
Date Assigned:	08/06/2014	Date of Injury:	06/04/2010
Decision Date:	11/14/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/30/2014

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 Emergency 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:

Patient was with reported date of injury on 6/4/2010. Mechanism of injury is described as cumulative trauma. Patient has a diagnosis of post plantar fascia release of Right (R) foot, plantar fasciitis of Left (L) foot, painful gait, back pain with radiculopathy and cyst in calcanei. Medical reports reviewed. Last report was available until 7/14/14. Patient complains of bilateral foot pain, R side worse than L side. Pain worsens with ambulation. Objective exam of feet reveals normal pulses, normal sensation and strength. Noted symptoms of plantar fasciitis with R side significantly worst. Noted pain was with palpation at medial and central bands of plantar fascia. Increase with activation of windlass mechanism. A Progress Notes dated 7/8/14 mention that DVT prophylaxis was requested as preventive measure against increased likelihood of developing DVT (Deep Vein Thrombosis) following surgical procedure. Surgical procedure appears to be L plantar fascia release and is reportedly approved. Independent Medical Review is for DVT Max and Pneumatic 30days rental and Compression wraps of L foot. Prior UR on 7/17/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT max & pneumatic 30 day rental and compression wraps- left foot: 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), Treatment Index, 11th Edition (web), 2013, Knee and Leg chapter, Compression

Garments and Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Ankle and Foot 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) <Knee and Leg>, <Venous Thrombosis>

Decision rationale: MTUS Chronic pain or ACOEM Guidelines do not have any adequate information concerning this topic. Official Disability Guidelines (ODG) states that patient at high risk of venous thrombosis should be identified and prophylactic measures should be considered. Primary recommendation includes use of anticoagulants or aspirin. Mechanical compression and compression garments may be beneficial. ODG recommends up to 7-10 days of post-surgical prophylaxis is ideal and may be extended up to 28 days in high risk patients. The provider has failed to provide any concurrent risk factors for DVT such as current medical problems or functional status or plan for physical therapy. There is no provided evidence that patient is high risk for DVT. While the requested DVT Max & Pneumatic may be beneficial to the patient, the requested number of 30 day rental is not justified by the documentation and is therefore not medically necessary.