MAXIMUS Federal Services

Case Number:	CM15-0120626		
Date Assigned:	07/01/2015	Date of Injury:	05/05/2013
Decision Date:	08/04/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/22/2015

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: California, North Carolina
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 35 year old female who sustained an industrial injury on 5/5/13. Diagnoses are left equinus contracture, left distal tarsal tunnel syndrome, left tibial nerve compression, plantar fasciitis, status post left gastroc release, left distal tarsal tunnel release, and normal tarsal tunnel release, and partial plantar fasciectomy-2/13/15. In a progress report dated 1/12/15, a treating physician notes sharp and throbbing left foot pain. In the operative report dated 2/13/15, the treating physician notes the injured worker has left heel pain, which initially responded to corticosteroid injections but an MRI revealed hypertrophic veins in the tarsal canal. She also had chronic equinus contracture and only dorsiflexes above neutral with the leg extended. Silfverskiold test was positive. The requested treatment is a retrospective purchase of two E0673 segmental pneumatic appliance for the left foot for date of service 2/13/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective purchase of two E0673 segmental pnuematic appliance for the left foot for date of service 2/13/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 chapter.

Decision rationale: The request is for segmental pneumatic appliance for post-op use following left foot surgery. The ODG states that there is a low incidence of deep venous thrombosis (DVT) after ankle/foot surgery, with an overall incidence of 0.3%. There are three known risk factors for post-op DVT, including previous DVT, use of hormones and obesity. In this case, the patient does not have any increased risk factors for DVT. There is no significant evidence that she is at risk for DVT other than the surgery itself. There is no rationale given for the pneumatic compression devices, therefore the request is deemed not medically necessary or appropriate at this time.