MAXIMUS Federal Services

Case Number:	CM15-0176073		
Date Assigned:	09/17/2015	Date of Injury:	05/02/2001
Decision Date:	10/20/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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: 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 56 year old male, who sustained an industrial injury on May 02, 2001. The injured worker was diagnosed as having tarsal tunnel syndrome, lumbago, reflex sympathetic dystrophy to the lower limb, and unspecified thoracic and lumbar neuritis and radiculitis. Treatment and diagnostic studies to date has included physical therapy, use of orthotics, status post revision of the left foot performed on June 12, 2015, status post tarsal tunnel release, laser treatments, electromyogram, use of ice, and medication regimen. In a progress note dated June 01, 2015 the treating physician reports complaints of aching, stabbing, burning, throbbing, sharp pain to the left foot and ankle along with numbness and tingling. Examination reveals performed on June 01, 2015 was revealing for positive Tarsal Tinel's testing and "severe" tenderness to the left ankle. On June 01, 2015, the injured worker's pain level was rated a 4 out of 10 at its least and a 7 out of 10 at its worst to the left foot and ankle. On June 01, 2015, the treating physician requested a revision release of tarsal tunnel with exploration of the first cuneiform metatarsal joint. Operative note from June 12, 2015 noted exploration of the left tarsal tunnel and exploration of the anterior mid foot at the cuneiform metatarsal joint that the treating physician noted the injured worker had "tolerated the procedure well". The treating physician requested Vascutherm with deep vein thrombosis for a 30-day rental extension for post-operative treatment, but the documentation provided did not contain the specific reason for the requested equipment. On August 12, 2015, the Utilization Review determined the request for Vascutherm with deep vein thrombosis for a 30-day rental extension for post-operative treatment to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm with DVT for a 30 day rental extension for post-op treatment: 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), Shoulder Chapter, Compression Garments, 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) cryotherapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post-surgical use however, the time limit for request is in excess of recommendations. Per the ODG, cold therapy is only recommended for 7 days post operatively. In addition, the ODG does not recommended DVT prevention for upper extremity surgeries due to low incidence of occurrence. The request is in excess of this amount and therefore is not medically necessary.