

<b>Case Number:</b>	CM15-0064928		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 38 year old male, who sustained an industrial injury on 10/03/2013. The initial complaints or symptoms included right foot pain. The injured worker was diagnosed as having open fracture of right big toe/crush injury to right big toe. Treatment to date has included conservative care, medications, x-rays, surgical repair of right big toe fracture, and surgical removal of hardware. On 06/17/2014, the injured worker underwent a surgical procedure (take down of the nonunion, open reduction internal fixation of the proximal phalanx, Synthes small recon plate and DBX putty bone grafting) for the nonunion of the proximal phalanx right great toe. The diagnoses include non-union proximal phalange (right great toe). The treatment plan consisted of mechanical compression device and sleeve for venous thromboembolism (VTE) prophylaxis (retrospective request).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro mechanical compression device and sleeve for VTE prophylaxis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl):e351 S-418 S and Suppl: 195 S-e226 S.

**Decision rationale:** The claimant sustained a work injury in October 2013 and sustained a comminuted fracture of the proximal phalanx of the right first toe with nonunion. He underwent an ORIF on 06/17/14 with hardware removal on 09/30/14. When seen for postoperative follow-up there appear to have been no postoperative complications. He was having pain when walking. Deep venous thrombosis prophylactic therapy for prevention of DVT is routinely utilized in the inpatient setting with major abdominal, pelvic, extremity or neurologic surgery, or following major trauma. In this case, the claimant has no identified high risk factors for developing a lower extremity deep vein thrombosis or history of prior thromboembolic event. In this case, the surgery appears uncomplicated and, when seen for postoperative follow-up, the claimant was ambulatory without apparent weight bearing restriction. Therefore, this request was not medically necessary.