

Case Number:	CM15-0077667		
Date Assigned:	04/29/2015	Date of Injury:	04/18/2014
Decision Date:	05/28/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 64-year-old who has filed a claim for chronic ankle, foot, and heel pain reportedly associated with an industrial injury of April 18, 2014. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve a request for VascuTherm hot-cold compression device with associated DVT prophylaxis. The claims administrator referenced a RFA form received on April 13, 2015 and an associated progress note of March 18, 2015 in its determination. The applicant's attorney subsequently appealed. In an order form dated April 8, 2015, the attending provider sought authorization for DVT prophylaxis unit for 30 days, apparently for postoperative use purposes. Highly templated order form was sought. It was suggested that the applicant was undergoing debridement, curettage, and grasping with a bone cyst and calcaneus. In an associated progress note dated March 18, 2015, the applicant reported ongoing complaints of heel pain. The applicant was given a diagnosis of symptomatic calcaneal cyst and plantar fasciitis. A surgical procedure in the form of debridement, curettage, grasping of the calcaneal cyst was proposed. In an April 15, 2015 preoperative evaluation, the applicant denied using tobacco or illicit drugs. The applicant's past medical history was noncontributing, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Vascultherm Hot/Cold Compressor Therapy with Intermittent DVT Prophylaxis, rental 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines. Ankle and Foot Disorders 1176-1177.

Decision rationale: No, the proposed VascuTherm hot-cold compression-DVT prophylaxis device was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines ankle and foot chapter notes that DVT prophylaxis is recommended in applicants with predisposing risks for developing venous thromboembolism, such as a history of previous thromboembolic events, delayed rehabilitation, delayed ambulation, obesity, diabetes, or other coagulation disorder. In this case, however, an April 16, 2015 preoperative evaluation stated that the applicant had no significant past medical history. The applicant denied smoking. There were no clear risk factors for delayed recovery or delayed ambulation. ACOEM further notes that the treatment duration with DVT prophylaxis is "unclear." Here, the attending provider failed to furnish a rationale for such a lengthy, protracted 30-day DVT prophylaxis duration. There was not a reasonable expectation that the applicant would be non-ambulatory or semi-ambulatory for one month following a relatively minor ankle cyst excision procedure. Therefore, the request was not medically necessary.