

Case Number:	CM13-0030835		
Date Assigned:	11/27/2013	Date of Injury:	01/26/2011
Decision Date:	01/28/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California, Connecticut, and Pennsylvania. 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 physician 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:

The patient is a 52-year-old gentleman injured on 1/26/11. Records for review documented the presence of low back related complaints. A CT scan of the lumbar spine performed on 5/29/13 demonstrated previous surgical intervention and fusion from L3 through S1 with metallic hardware and screws. No interval change or acute findings were documented. Prior to this, the last clinical assessment for review was from 1/23/13; the claimant had ongoing complaints of low back pain following multilevel instrumented fusion. Physical examination showed a well healed incision, normal sensation, reflexes and strength. The claimant was diagnosed at that date with lumbosacral strain status post fusion. The plan was for work modification, consideration for hardware removal, activity restrictions, physical therapy, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-tech DVT recovery system with wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS Guidelines are silent on this issue. When looking at Official Disability Guidelines criteria, the role of a Q-tech DVT Recovery System with wrapping would not be supported. While the Official Disability Guidelines recommend the role of compression garments for use in both prevention of edema and DVT thrombosis, clinical records do not indicate the specific reason for the request at hand. The most recent clinical assessment is from January 2013; the request for the Q-tech DVT recovery system not submitted until September 2013. The only other piece of clinical information consisted of a recent CT scan of the lumbar spine that documented postsurgical changes. This specific request cannot be supported as the need for the compression garment at hand is not documented.

universal therapy wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS Guidelines are silent on this issue. When looking at Official Disability Guidelines criteria, the role of a universal therapy wrap would not be supported. While the Official Disability Guidelines recommend the role of compression garments for use in both prevention of edema and DVT thrombosis, clinical records do not indicate the specific reason for the request at hand. The most recent clinical assessment is from January 2013; the request for the universal therapy wrap was not submitted until September 2013. The only other piece of clinical information consisted of a recent CT scan of the lumbar spine that documented postsurgical changes. This specific request cannot be supported as the need for the compression garment at hand is not documented.

half-arm wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines are silent on this issue. When looking at the Official Disability Guidelines, the role of a half arm wrap would also not be indicated. The records do not indicate specific indication or need for an arm wrap. Clinical diagnosis in this case is specific to the claimant's lumbar spine with no upper extremity documentation of clinical finding or diagnosis at hand. This specific request is not indicated.