

Case Number:	CM13-0030996		
Date Assigned:	12/04/2013	Date of Injury:	07/31/2011
Decision Date:	01/28/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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 New Hampshire, New York and Washington. 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 47 year old male who sustained an occupational injury on July 31 2013. He was diagnosed with lumbar spondylolisthesis and had lumbar fusion surgery on 6/21/2013. There are no identifiable risk factors for increased incidence post-op DVT. At issue is whether or not a cryotherapy-DVT unit with back wrap is medically necessary since the date of the surgery in the post-op period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm DVT x 60 days rental with back 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 Work Loss Data Institute On-Line Official Disability Guidelines- Treatment in Workers' Comp, Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic) and the Journal of the American Academy of Orthopaedic Surgeons, 2008, Venous Thromboemb

Decision rationale: Clinical practice guidelines do recommend routine DVT prophylaxis after spinal surgery. The risk of DVT is greatest in the very early postoperative period when the

patient is bedridden and not able to get out of bed. Guidelines recommend pharmacologic measures to include low molecule weight heparin and mechanical devices such as pneumatic TED Hose compression devices in the short term until the patient is ambulatory. Guidelines also do support the use of continuous cryotherapy device for up to 7 days postoperatively. This patient had surgery on 6/21/13 and has already used the cryotherapy unit for 3 months post-op. Guidelines for use have been exceeded and are not met for continued use at this time. The medical records do not indicate a specific reason for continued use. They do not indicate a recent history of DVT with this surgery. The unit is not medically necessary at this time.