

<b>Case Number:</b>	CM13-0042156		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/16/2011
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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. 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 employee is a 43 year old female who sustained an industrial injury on 6/16/11. Patient with authorization for L4-S1 lumbar arthrodesis. Request for 24 sessions of postoperative physical therapy. Request for Q-Tech with deep vein thrombosis prevention recovery system

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 Sessions of Postoperative Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** According to the CA MTUS Guidelines, Postsurgical treatment for fusion is 34 visits of 16 weeks. Initially, certification is for half of visits with reassessment of functional improvement in follow-up. As the initial request is for 24 sessions the determination is non-certification.

**Q-Tech with DVT Prevention Recovery System with Wrap 21 days for home use - for 6 to 8 hours:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG), Knee and Leg (update 06/07/13), 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).

**Decision rationale:** Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. The guidelines do not support the use of continuous cold therapy and the determination is for non-certification.