

Case Number:	CM13-0058536		
Date Assigned:	12/30/2013	Date of Injury:	12/08/2011
Decision Date:	03/24/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/27/2013

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 Physical Medicine and Rehabilitation 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:

This 57 year-old male sustained an injury on 12/8/11 while employed by [REDACTED]. Request under consideration includes a Vascutherm unit intermittent for DVT and Wrap for 30 days #1 (Post C-Spine Surgery). Report of 10/28/13 from provider noted patient has overwhelming risk for developing a DVT post-surgery as he is obese by medical standards and has been a heavy smoker for the past 30 years. The patient is s/p one level ACDF at C6-7 on 9/30/13. During the weeks following surgery, mobility is an issue, making the vascutherm unit necessary in preventing any risk of DVT developing while being immobile for multiple hours at a time. Initial request was non-certified on 11/7/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Vascutherm Unit intermittent for DVT and Wrap for 30 days QTY1 (Post C-Spine Surgery): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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: MTUS Guidelines are silent on specific use of cold compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for a 7-day post-operative period as efficacy has not been proven beyond that period of time. The manufacturer states that the vascutherm device provides heat and cold compression therapy wrap for the patient's home use for indications of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. In this case, submitted reports have not demonstrated how obesity or being a smoker would prevent the patient from mobility post neck surgery. The Vascutherm unit intermittent for DVT and Wrap for 30 days #1 (Post C-Spine Surgery) is not medically necessary and appropriate.