

Case Number:	CM13-0058784		
Date Assigned:	04/28/2014	Date of Injury:	04/05/2013
Decision Date:	07/07/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/27/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 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/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 male who has submitted a claim for lumbar strain with radiculopathy associated with an industrial injury date of April 5, 2013. Medical records from 2013 were reviewed. The patient complained of lower back pain with radiation to both knees. Physical examination showed tenderness over the L1-L5. Treatment to date has included NSAIDs, opioids, muscle relaxants, and physical therapy. Utilization review from October 31, 2013 denied the request for purchase of hot/cold contrast systems with deep vein thrombosis/compression unit due to lack of clear rationale for its use and risk factors for deep vein thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A HOT/COLD CONTRAST SYSTEM WITH DVT/COMPRESSIONS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Game Ready Accelerated Recovery System.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not specifically address Game Ready accelerated recovery system. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that Game Ready accelerated recovery system is recommended as an option after surgery but not for non-surgical treatment. The Game Ready system combines continuous-flow cryotherapy with the use of vasocompression. While there are studies on continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. In this case, rationale for use of the requested unit was not presented. The patient is already 7 months post-injury. There were no reports that the patient is in the post-operative period. Therefore, the request for purchase of hot/cold contrast systems with DVT/compression is not medically necessary.