

Case Number:	CM13-0059909		
Date Assigned:	12/30/2013	Date of Injury:	08/16/2012
Decision Date:	05/15/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 48-year-old male who reported an injury on 08/16/2012. The mechanism of injury was not provided for review. The injured worker's treatment history included physical therapy, massage therapy, multiple medications, epidural steroid injections, and a lumbar fusion at the L3-4 and L4-5. The injured worker's fusion surgery was in 11/2013. The injured worker was evaluated 2 weeks status post surgical intervention on 11/22/2013. It was documented that the injured worker had developed lumbar pain considered moderate to severe. Physical findings included no tenderness to palpation of the lumbar spine and a well-healing surgical incision without evidence of infection. The injured worker's diagnoses included back pain, back deformity, hip arthritis, lumbar degenerative disc disease, lumbar nerve root impingement, lumbar paraspinal muscle spasming, lumbar radiculopathy, muscle weakness, low back pain, sciatica, muscle spasming, spinal enthesopathy, and spinal stenosis. A request was made for a 14-day rental of a precision intermittent cold compression unit with DVT prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

A PRECISION INTERMITTENT COLD COMPRESSION UNIT WITH DVT PROPHYLAXIS (14 DAY RENTAL) WITH A PAD FOR THE UNIT: 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, Shoulder & Low Back Chapters, Continuous Flow Cryotherapy and Compression Garments.

Decision rationale: California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend a 7-day rental period of a continuous cryotherapy unit in the management of postsurgical pain for major joints such as the knee and shoulder. However, Official Disability Guidelines state that self-applied cold and heat applications are sufficient to control acute pain of the low back. There are no exceptional factors noted to support the need for cold compression unit. Additionally, Official Disability Guidelines recommend compression garments for injured workers who have a period of immobilization and are at risk for the development of DVTs after surgery. The clinical documentation does not support that the injured worker is at risk for development of DVTs. There is no documentation of a prolonged period of immobilization following surgery. The injured worker's most recent clinical documentation noted that they were walking 2 weeks after surgical intervention. Therefore, the need for computerized compression and DVT prophylaxis is not justified. As such, the requested 14-day rental of the precision intermittent cold compression unit with DVT prophylaxis is not medically necessary or appropriate.