

Case Number:	CM13-0061532		
Date Assigned:	12/30/2013	Date of Injury:	05/06/2010
Decision Date:	04/11/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/05/2013

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 Family Practice, 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 patient is a 34-year-old female who reported an injury on 05/06/2010. The mechanism of injury was not provided in the medical records. The patient is diagnosed with lumbar sprain. Her symptoms were noted to include back pain and decreased function related to pain. A recommendation was made for a thermo-Cool compression system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermo Cool CVT Compression System 60 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines - Treatment for Workers' Compensation (TWC), Online Edition, Chapter - Low Back Lumbar & Thoracic (Acute & Chronic).

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: According to the Official Disability Guidelines, continuous flow cryotherapy and vasocompression may be recommended as an option after surgery, but not for non-surgical treatment. The patient was not noted to be scheduled for a surgery at this time.

Additionally, the request for use of a Thermo-Cool Deep Vein Thrombosis (DVT) compression system for 60 days exceeds the guideline's limit of 7 days for postoperative use. Additionally, the guidelines state that in relation to the back or in regard to back pain, 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. Further, the documentation fails to provide a rationale for the patient's need for compression. For these reasons, the requested service is non-certified.