

Case Number:	CM13-0064154		
Date Assigned:	01/03/2014	Date of Injury:	05/02/2012
Decision Date:	05/12/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/11/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, 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 32-year-old male who reported an injury on 04/05/2012. The mechanism of injury was a fall. The injured worker was diagnosed with left lumbar radiculopathy and probable disc herniation. Surgery consisting of transforaminal lumbar interbody fusion, instrumentation, and bone grafting at L5-S1 and a 3-day inpatient stay has been certified. A request was made for a tech DVT prevention system post-surgery for home use for up to 21 days, and a Q-Tech cold therapy recovery system with wrap post-surgery for up to 21 days. The physician's progress report dated 09/25/2013 stated the injured worker was having flare-ups in the lower back, with attempts of increased activity. The injured worker walked with an antalgic gait due to pain in the lumbar spine and left lower extremity. The injured worker was unable to heel and toe walk due to both pain and weakness of the left lower extremity. The physical examination of the lumbar spine revealed tenderness to palpation in the upper, mid, and lower paravertebral muscles. The range of motion with flexion was 20 degrees, lateral bending 20 degrees, left lateral bending 15 degrees, right lateral rotation 20 degrees, left lateral rotation 15 degrees, and extension was 15 degrees. Pain was increased with lumbar motion. There was a list with lumbar motion. The injured worker had a positive straight leg raise at 70 degrees on the left, and a positive cross straight leg raise on the right side. The neurological examination revealed decreased sensation in the patchy distribution, most notably at the L5-S1 distribution. There was grade 4/5 strength of the extensor hallucis longus and tibialis anterior. The injured worker was prescribed medications and recommended lumbar disc excision at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

TECH DVT PREVENTION SYSTEM- POST SURGERY FOR HOME USE UP TO 21 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery. .

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

Decision rationale: CA MTUS/ACOEM does not address the request. The Official Disability Guidelines address compression garments for surgical procedures that involve the lower limbs. The Official Disability Guidelines state low-level compression has been shown to be effective for management of varicose veins in pregnancy, prevention of edema and DVTs in knees and leg after lower extremity surgery. The guidelines also state high-level compression has been shown to be effective in healing of leg ulcers and preventing progression of post-thrombotic syndrome, as well as management of lymphedema. The documentation submitted for review does not show evidence of the injured worker having a history of deep vein thrombosis or pulmonary embolism to warrant the compression device. Given the lack of documentation to support guideline criteria, the request is non-certified.

Q-TECH COLD THERAPY RECOVERY SYSTEM WITH WRAP POST SURGERY FOR UP TO 21 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Medicine, Cinahl and The Cochrane Library, PMID: 18214217 (PubMed-indexed for MEDLINE) and Official Disability Guidelines, Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Official Disability Guidelines (ODG) Knee & Leg, Continuous-flow cryotherapy.

Decision rationale: CA MTUS/ACOEM does not address the request. The Official Disability Guidelines state continuous-flow cryotherapy is recommended after surgery for a 7-day rental, including home use. The request for a Q-Tech cold therapy recovery system for 21 days exceeds the guidelines' recommendations. Given the lack of documentation to support guideline criteria, the request is non-certified.