

Case Number:	CM13-0066518		
Date Assigned:	01/03/2014	Date of Injury:	07/15/2003
Decision Date:	10/29/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/16/2013

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 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:

This is a 66-year-old gentleman who injured his low back on 07/15/03. The records provided for review documented that the claimant was status post an L4 through S1 lumbar fusion with instrumentation in 2003. On 08/13/13 revision surgery for extension of fusion from L2 through L4 with posterior pedicle screw fixation occurred. Postoperatively, it is documented that the claimant utilized a vascular and cryotherapy compressive device for thirty days. The postoperative follow up report dated 09/12/13 noted that the claimant was doing well and had been using a home hyperbaric oxygen chamber and medication management. Objectively, on examination his wounds were clean; strength of the iliopsoas muscles bilaterally was 4+/5. This is a retrospective request for a thirty day extension of cryotherapy rental in the postoperative setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: VascuTherm Intermittent PCD Rental Extension, 30 Days: 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), Cold/Heat Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter; Cold/heat Packs

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for VascuTherm cold therapy unit rental extension for thirty days would not be indicated. While ACOEM Guidelines support the use of cold and heat applications locally, the Official Disability Guidelines do not recommend its use in the postsurgical setting for greater than seven days and currently gives no indication of use in the postsurgical setting for the lumbar spine. The continued request for thirty additional day rental for the above device following the claimant's two-level fusion surgery would not be medically necessary.