

Case Number:	CM14-0008213		
Date Assigned:	02/12/2014	Date of Injury:	09/05/2006
Decision Date:	08/05/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational Medicine, 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 Physician 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 69-year-old male who has submitted a claim for lumbar displacement status post lumbar reconstructive surgery associated with an industrial injury date of September 5, 2006. Medical records from 2013 were reviewed. The patient complained of progressive back and leg pain. Physical examination showed 4/5 MMT of the bilateral tibialis anterior and diffuse changes in sensory exam at levels L3-L4 and L4-L5 dermatomes. Treatment to date has included NSAIDs, opioids, antidepressants, and surgeries (latest: 11/15/13). Utilization Review from January 15, 2014 denied the request for additional rental of Vascutherm intermittent DVT x 30 days for the lumbar spine due to lack of evidence that the patient would not be able to ambulate for a very long period post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL RENTAL OF VASCUTHERM INTERMITTENT DVT X 30 DAYS FOR LUMBAR: 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 (ODG) Knee and Leg Chapter, Game Ready Accelerated Recovery System 2014. Other Medical Treatment Guideline

or Medical Evidence: SpecializedOrthopedic Solutions, Vascutherm
<http://www.sosmedical.net/products/featured-products/vascutherm/>.

Decision rationale: An online search shows that VascuTherm provides heat, cold, compression, and DVT prophylaxis therapy. It is indicated for pain, edema, and DVT prophylaxis for the post-operative orthopedic patient. The California MTUS guidelines do not specifically address Game Ready accelerated recovery system. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) were used instead. The ODG indicates that Game Ready accelerated recovery system is recommended as an option after surgery. The Game Ready system combines continuous-flow cryotherapy with the use of vasocompression. There are no published high quality studies on the Game Ready device or any other combined system. In this case, the injured worker is 69 years old and status post lumbar reconstructive surgery last November 15, 2013. DVT prophylaxis may be needed in this case. However, there is no documentation that the injured worker will be unable to walk or have limited mobility for prolonged periods of time to necessitate DVT prophylaxis for 30 days combined with heat and cold therapy. Therefore, the request for additional rental of Vascutherm intermittent DVT x 30 days for lumbar is not medically necessary.