

Case Number:	CM14-0009018		
Date Assigned:	02/14/2014	Date of Injury:	07/06/2012
Decision Date:	08/04/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/23/2014

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 45-year-old female with a 7/6/12 date of injury. 2/26/13 progress report indicates persistent neck pain interfering with sleep. A 1/15/14 progress report indicates that the patient underwent cervical disc fusion on 12/17/13, but neck pain and spasm continues, with pain radiating down her right arm. There is also right elbow pain. The physical exam demonstrates right anterior shoulder tenderness, bilateral elbow tenderness, and decreased sensation in the bilateral median nerve distribution. The grip strength is decreased bilaterally. The treatment to date has also included medication. A 1/6/14 progress report indicates that home health was requested as the patient is dependent on assistant with activities of daily living (ADLs), and does not have homemaker services. A discussion identifies that the patient is homebound at this time and requires assistance with ADLs secondary to neck pain and upper extremity radiculopathy. She is unable to bath herself, or use a bathroom. The treatment to date has also included distant bariatric surgery. There is documentation of a previous 12/27/13 adverse determination because ODG does not recommend cold therapy units for the neck and for lack of high risk for deep vein thrombosis or comorbidities.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE Q-TECH COLD THERAPY RENTAL: 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), Neck & Upper Back Chapter.

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, Cryotherapy, Intermittent Compression, Game Ready.

Decision rationale: The California MTUS does not apply. The ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, ODG states that while there are studies on continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. There is no rationale identifying why a cryotherapy unit would be insufficient. There are no established risk factors for DVT. Therefore, the request for post-operative Q-tech cold therapy rental was not medically necessary.

POST-OPERATIVE Q-TECH DEEP VEIN THROMBOSIS (DVT) PREVENTION SYSTEM RENTAL: 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, Cryotherapy, Intermittent Compression, Game Ready.

Decision rationale: The California MTUS does not apply. The ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, ODG states that while there are studies on continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. There is no rationale identifying why a cryotherapy unit would be insufficient. There are no established risk factors for DVT. Therefore, the request for post-operative Q-tech DVT prevention system rental was not medically necessary.

POST-OPERATIVE UNIVERSAL THERAPY WRAP: 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, Cryotherapy, Intermittent Compression, Game Ready.

Decision rationale: The California MTUS does not apply. The ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, ODG states that while there are studies on continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. There is no rationale identifying why a cryotherapy unit would be insufficient. There are no established risk factors for DVT. Therefore, the request for post-operative universal therapy wrap was not medically necessary.

POST-OPERATIVE HALF LEG WRAP PURCHASE: 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, Cryotherapy, Intermittent Compression, Game Ready.

Decision rationale: The California MTUS does not apply. The ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, ODG states that while there are studies on continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. There is no rationale identifying why a cryotherapy unit would be insufficient. There are no established risk factors for deep vein thrombosis (DVT). Therefore, the request for post-operative half leg wrap purchase was not medically necessary.