

<b>Case Number:</b>	CM14-0105367		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/11/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Family 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 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 57 year old patient had a date of injury on 1/11/2012. The mechanism of injury was not noted. In a progress noted dated 4/16/2014, subjective findings included radicular leg pain which is mostly in thigh but below the knee calf element as well. Pain is 7-8/10. On a physical exam dated 4/16/2014, objective findings included .right L5 hypesthesia. The diagnostic impression shows chronic axial lumbar and alternating leg radicular pain in the setting of acknowledged L5-S1 disc degeneration. This patient had an L5-S1 laminectomy transforaminal lumbar interbody fusion on 6/17/2014. Treatment to date: medication therapy, behavioral modification, surgery, and physical therapy. A UR decision dated 6/27/2014 denied the request for retro VascuTherm Unit w/DVT prophylaxis x30 rental on 6/18/2014, stating that the incidence of DVT following surgery is so low as to make specialized DME after discharge unnecessary. Furthermore, the patient could use Lovenox, low dose aspirin, and even full anticoagulation measures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro VascuTherm Unit w/ DVT Prophylaxis x30 rental 6/18/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The European Spine Journal October 2009; National Institute of Health

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter

**Decision rationale:** CA MTUS does not address this issue. 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. This patient was noted to have an L5-S1 laminectomy transforaminal lumbar interbody fusion on 6/17/2014. In the reports viewed, there was no clear discussion regarding risk factors for DVT in this patient. Furthermore, there was no rationale provided regarding the medical necessity of 30 days rental, when guidelines only support 7 days. Therefore, the request for Vascultherm Unit w/DVT prophylaxis x30 DOS 6/18/2014 is not medically necessary.