

Case Number:	CM14-0108269		
Date Assigned:	08/01/2014	Date of Injury:	09/24/2012
Decision Date:	09/09/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine & Rehabilitation 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:

The patient is a 56-year-old male with a date of injury of 09/24/2012. The listed diagnoses per [REDACTED] are: Lower extremity radiculopathy and Lumbar spine disk herniation. According to progress report 06/24/2014, the patient underwent lumbar spinous surgery on 06/04/2014 and is complaining of pain and soreness. Pain level noted was noted at 7/10. Objective findings note the patient is walking with assistance of a back brace and is doing "nicely postsurgically." The treater is requesting VascuTherm 4 system with lumbar garment rental for 4 weeks for postoperative use. Utilization review denied the request on 07/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherma 4 System 4 weeks rental with Lumbar garment (Purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter compression garments.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Knee and Foot/Ankle.

Decision rationale: This patient is status post microdiscectomy at levels L3-L4, L4-L5, and L5-S1 on 06/04/2014. The treater is requesting VascuTherm 4 system unit and lumbar garment for 4 weeks rental for postoperative use. Utilization review denied the request stating "the medical records do not establish that the patient has significant risk factors, which would place her at increased risk for development of DVT." The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." The MTUS Guideline recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. In this case, the treater has recommended this therapy for 4 weeks.