

Case Number:	CM14-0010225		
Date Assigned:	02/21/2014	Date of Injury:	12/08/2005
Decision Date:	07/23/2014	UR Denial Date:	12/26/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 is a 45-year-old gentleman with a date of injury of 12/8/2005, with mechanism of injury that is unspecified, and resulting injuries to lumbar spine and bilateral knees. Reviewed progress report from 11/21/2013 states that patient is having back pain at 7/10, and right knee pain at 6/10 on the pain scale rating. On that date physical examination of the back revealed decreased range of motion to 50 flexion, while straight leg raising test was negative bilaterally; neurological motor and sensory examination was within normal limits, and knee examination documented full range of motion for extension and flexion, while 1+ right-sided synovitis was documented. Treatments to date have included the following: L3/L4 and L4/L5 decompression and fusion surgery on 7/5/11; repair of lateral meniscus tear on right knee; and general pain management with NSAIDs, narcotic analgesics, and topical analgesic creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-TECH DEEP VENOUS THROMBOSIS PREVENTION SYSTEM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg 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.

Decision rationale: The prior adverse determination was reviewed. ODG guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. This request includes a unit that combines cold therapy with DVT prevention. It is noted that the patient was undergoing lumbar spine hardware removal. While undergoing general anesthesia, DVT prevention with sequential compression stockings is fairly standard for intra-operative use however there has been no described medical necessity for this combined cryo-compression unit. Generally, ODG states that while there are studies on continuous-flow cryotherapy, there are no published high-quality studies on any combined system that includes cryotherapy with the use of vaso-compression. The request is not medically necessary.

Q-TECH COLD THERAPY RECOVERY SYSTEM WITH WRAP 7 DAYS 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) Knee and Leg Cryotherapy/Cold/heat packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter.

Decision rationale: The MTUS/ACOEM guidelines state that for the low back, at home local applications of cold in the few days of acute complaints are recommended, thereafter, there can be local applications of heat or cold. The submitted records do not establish the need for a mechanized unit, nor a unit that combines cryotherapy with compression. Generally, ODG states that while there are studies on continuous-flow cryotherapy, there are no published high-quality studies on any combined system that includes cryotherapy with the use of vaso-compression. The request is not medically necessary.