

Case Number:	CM14-0010326		
Date Assigned:	02/21/2014	Date of Injury:	12/15/2011
Decision Date:	07/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/24/2014

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:

Patient is a 49-year-old male who has submitted a claim for status post lumbar fusion at L5-S1, and spondylolisthesis L5/S1 associated with an industrial injury date of 12/15/2011. Medical records from 2012 to 2014 were reviewed. Patient complained of low back pain radiating to posterior aspect of bilateral lower extremities towards the ankles, associated with numbness and tingling sensation. Physical examination of the lumbar spine revealed tenderness. Weakness was noted at left lower extremity muscles. Sensation was diminished at left L5 and S1 dermatomes. Treatment to date has included lumbar fusion surgery at L5-S1, re-exploration of spinal fusion with left L5-S1 redo-hemilaminotomy / total facetectomy on 01/08/2014, physical therapy, occupational therapy, and medications. Utilization review from 01/16/2014 denied the requests for rental VascuTherm 4 system (in weeks) because there was no guideline recommendation to indicate benefit of hot / cold unit with compression following back surgery; and lumbar garment because of non-certification of VascuTherm system.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL VASCUTHERM 4 SYSTEM(IN WEEKS) QTY:4.00: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg chapter, Compression garments; Continuous-flow cryotherapy Other Medical Treatment Guideline or Medical Evidence: Specialized Orthopedic Solutions, VascuTherm <http://www.sosmedical.net/products/featured-products/vascutherm/>.

Decision rationale: An online search shows that VascuTherm provides heat, cold, compression, and deep vein thrombosis prophylaxis therapy. It is indicated for pain, edema, and deep vein thrombosis prophylaxis for the post-operative orthopedic patient. CA MTUS does not specifically address VascuTherm Deep Vein Thrombosis (DVT) prophylaxis. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG recommends the use of compression garments; however, there is little known about dosimetry in compression, for how long and at what level compression should be applied. Also, continuous flow cryotherapy is recommended as an option after surgery up to 7 days. In this case, patient is status post re-exploration of spinal fusion with left L5-S1 redo-hemilaminotomy / total facetectomy on 01/08/2014. However, there was no documentation that the patient will be unable to walk or have limited mobility for a prolonged period to necessitate Deep Vein Thrombosis (DVT) prophylaxis combined with heat and cold therapy. The medical records also do not identify the patient as being high risk for Deep Vein Thrombosis. Also, the requested duration exceeds guideline recommendations of 7 days. Therefore, the request for Rental Vascultherm 4 System(In Weeks) QTY:4.00 is not medically necessary.

LUMBAR GARMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The related request for VascuTherm System has been deemed not medically necessary; therefore, all of the associated services, such as this request for lumbar garment are likewise not medically necessary.