

Case Number:	CM14-0014990		
Date Assigned:	02/21/2014	Date of Injury:	07/04/2012
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/06/2014

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 Sports 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:

The claimant is a 69 year old male with a reported date of injury on 07/04/2012. The patient was noted to have undergone a L4-5 disc decompression on 02/17/2014. The clinical note dated 03/03/2014 reported that the patient was "happy after surgery." The medication regimen included Norco and Ondasteram. Request for Authorization of a Vacutherm hot/cold/compression unit for 28 days was submitted on 02/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

VACUTHERM HOT/COLD/COMPRESSION UNIT FOR 28 DAYS: 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, Continuous-Flow Cryotherapy

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, Continuous-Flow Cryotherapy

Decision rationale: According to the Official Disability Guidelines, the use of all cryotherapy is recommended as an option after surgery. 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 usage. Although the request is for postoperative hot/cold/compression unit, the guidelines only recommend use for up to 7 days. Therefore, the request for a hot/cold/compression unit for 28 days exceeds the recommended guidelines. The request for Vacutherm hot/cold/compression unit for 28 days is not medically necessary and appropriate.