MAXIMUS Federal Services

Case Number:	CM14-0018287		
Date Assigned:	04/21/2014	Date of Injury:	10/14/2011
Decision Date:	07/03/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/13/2014

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, has a subspecialty in Spine Fellowship, 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 53 year old male [redacted] employee who has filed a claim for C4-5 disc herniation associated with an industrial injury of October 14, 2011. Thus far, the patient has been treated with opioids, muscle relaxants. Of note, patient had fracture repair and rotator cuff surgery on the left. There is authorization for C4-5 and C5-6 anterior cervical fusion. Review of progress notes report neck pain with electric shock sensation to the right elbow at times. There is tenderness of the neck region with rigidity. Spurling's test is positive. MRI of the cervical spine dated August 07, 2013 showed myelomalacia at C4-5, at the level of cord compression and retrolisthesis, with associated disc herniation and foraminal stenosis. There is impingement on traversing C5 nerve roots, more on the right. There is disc herniation, retrolisthesis, moderate cord compression, and severe foraminal stenosis at C5-6. Utilization review dated January 28, 2014 indicates that the claims administrator denied a request for Vascutherm DVT unit 14-day rental and external bone growth stimulator as these are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCUTHERM DVT UNIT 14 DAY RENTAL: Upheld

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

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 DVT prophylaxis therapy. It is indicated for pain, edema, and DVT prophylaxis for the post-operative orthopedic patient. 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. Patient is a candidate for cervical surgery, but there is no documentation that the patient will be unable to walk or have limited mobility to necessitate DVT prophylaxis combined with heat and cold therapy. 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. Therefore, the request for VascuTherm DVT unit 14-day rental was not medically necessary per the guideline recommendations of ODG.

EXTERNAL BONE GROWTH STIMULATOR: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Bone growth stimulators (BGS).

Decision rationale: CA MTUS does not specifically address this issue. ODG states that use of bone growth stimulators are under study. Criteria for bone growth stimulators include certain risk factors for failed fusion, such as multilevel fusion, smoking habit, or previous failed fusion. In this case, there is authorization for cervical spinal fusion. There is no documentation as to when this procedure was or will be carried out. There is no clear indication that this patient is high risk for failed fusion. Therefore, the request for external bone growth stimulator was not medically necessary per the guideline recommendations of ODG.